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# The Comparative Structure of the Ureter

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While the comparative anatomy of the kidney is relatively well-known, information in the literature concerning the renal excretory duct systems in vertebrates is almost exclusively confined to the mammals.

The purpose of this study was to obtain information on the gross anatomy and histology and on certain histochemical aspects, of the ureter and its branches in the different vertebrate classes.

This information is presented here, together with a brief discussion of possible structural and functional correlations.

## MATERIALS AND METHODS

The following adult vertebrates occurring in South China were studied:

Fish Fresh-water — *Cyprinus carpio*  
*Ctenopharyngodon idella* *Aristichthys nobilis*

Marine — *Siganus* sp. *Epinephelus* sp. *Plectrognathus pictus*

Amphibians — *Bufo asiatica* *Rana esculenta*

Reptiles — The soft-shelled turtle (*Chelonia mydas*) Lizard (*Gecko gecko*) Skink (*Eumeces chinensis*)

Birds — Duck (*Melanitta deglandi*) Pigeon (*Columba livia*) Domestic fowl (*Gallus domesticus*)

Mammals — Dog (*Canis familiaris*) Cat (*Felis domesticus*) Rabbit (*Oryctolagus cuniculus*)

### A. Anatomical

The animals were killed by overdosing with chloroform. Two methods were employed in studying the gross morphology

1. Carmine-gelatin was injected until the system was completely filled, the quantity of the injection mass being visually controlled. After injection the specimen was fixed in 10% formalin, and later the

solidified injection mass was freed from its surrounding tissues by microdissection.

2. Vinyl acetate casts were prepared as above except that the ureters were first perfused with physiological saline to remove the urine. After solidification of the vinyl acetate in cold water a cast was prepared by corrosion with 10% KOH. In a few instances after injection with vinyl acetate, the kidney was first treated with 5% KOH overnight, and then cleared in glycerin (figs. 8-10). Ureteral lengths were measured from vinyl acetate casts and the average thickness of the peri-ureteral smooth muscle calculated from sections of the upper middle and lower thirds of the ureters. Only those sections as close to the transverse plane as possible were selected for measurement.

### B. Histological

The ureters were first perfused and slightly distended with fixative (Zenker formal, SUSA, or Corrosive sublimate) and tissue blocks prepared from the intra and extra-renal portion of the duct. After embedding in paraffin wax (mp 48°C) sections of about 8  $\mu$  were cut, divided into three groups and treated as follows

Group I. Sections were stained by Mason's trichrome method, Weigert's elastin stain, and by azocarmine to show the general histology of the ureters.

Group II. The periodic acid-Schiff reaction (Pearse '53) was employed to test sections for the presence of polysaccharide complexes. Control sections were incubated for two hours at room temperature in a 40% mixture of saliva in distilled water

Group III. Sections in this group were stained for 30 seconds in 1% Alcian blue 8GS to test for acid mucopolysaccharides (Steedman, '50) and counterstained by Ehrlich's haematoxylin.

## OBSERVATIONS

For descriptive purposes the term secondary ureteric tributary (SUT) is here used to designate the order of intra-renal tubule receiving urine from the collecting tubules of the nephron. The term primary ureteric tributary (PUT) refers to the order of tubule which conducts the urine from the SUT into the main intra renal ureteric canal. In estimating the amount of peri-ureteral smooth muscle (fig 1) only those sections as close as possible to the transverse plane were selected for measurement.

## General Anatomy

Since the figures tables etc presented here obviate much detailed verbal description this section consists of notes briefly indicating the principal differences and similarities seen in the species examined.

## I Fish

Vinylacetate casts show that the intra-renal portion of the ureteric canal derives from two orders of tubule as follows:—

(1) A number of larger primary radicles (PUT) occupying the centers of the renal lobules and arising from the main ureteric duct at acute angles.

(2) A number of secondary radicles (SUT) which receive the contents of the lobular collecting tubules (figs. 4 7 8 11 14) Table 1 lists the number of renal lobules and PUT observed in casts of the ureteric systems in the different types studied.

## Histology

(1) Fresh water species. In all three types studied the epithelium of the ureter and its radicles consists of a single layer

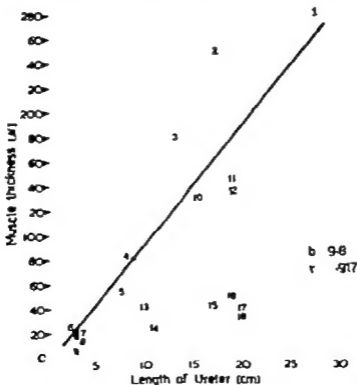


Fig. 1 The relationship between ureteral muscle thickness and ureteral length in various species. 1 *Cavi familiaris*; 2 *Melanitta deglandi*; 3 *Gallus domesticus*; 4 *Columba livia*; 5 *Charonia amplexa*; 6 *Eumeces chinensis*; 7 *Rana esculenta*; 8 *Gekko gekko*; 9 *B. f. asiatica*; 10 *Naja tra*; 11 *Oryctolagus cuniculus*; 12, *Felis domestica*. The square points 12-15 represent the salt-water fish *Epinephelus* sp., *Siganus* sp., and *Plectroglyphus pictus* respectively. The points 16-18 represent the freshwater fish *Cyprinus carpio*, *Aristichthys mobilis* and *Ctenopharyngodon idella* respectively. The data from fish were not included in the calculation of the regression line b.

TABLE I

Species	Fresh-water				Marine							
	<i>Cyprinus carpio</i>		<i>Chromophrynomus sticticus</i>		<i>Ariatickflaps medalis</i>		<i>Plecio- cyphus pictus</i>		<i>Epho- cyphus sp.</i>		<i>Siganus sp.</i>	
	L	R	L	R	L	R	L	R	L	R	L	R
No. of lobules and PUT	35	33	48	36	21	20	34	33	34	34	24	19

L — left kidney.  
R — right kidney

of tall columnar mucin-secreting epithelial cells with numerous goblet-forms interspersed among them. The cell nuclei are vesicular and possess a well-marked nucleolus. In the intra renal portions the fine tubules are surrounded by a delicate layer of collagenous connective tissue in which a few peritubular smooth muscle cells, and a thin layer of pigment cells occur.

In the ureter proper both longitudinal and circular smooth muscle layers occur gradually increasing in amount from the upper and middle to the lower thirds of its length. Of these two layers, however the longitudinal predominates. In all the fresh-water types examined intraepithelial parasites were commonly seen in all parts of the ureteric system and under low magnifications give the epithelial layer a pseudostratified appearance.

(2) *Marine species* Except that goblet cells are absent from the epithelium, the histology did not differ from that of the fresh-water types. Intraepithelial parasites gave the same general impression of pseudo-stratification as described above.

## II Amphibians

### General anatomy

(1) *Bufo asiatica* (fig. 9) The upper third of the ureter passes along the lateral edge of the kidney within which it is partly embedded. At the distal end of the kidney the ureter becomes free and abruptly enlarges to form a thin-walled tube about twice the diameter of the renal portion. Towards the cloacal end the thickness of the ureteral wall increases. Vinylacetate casts show that nine short PUT emerge from the renal portion and split into a variable number of SUT which enter the renal lobules.

(2) *Rana esculenta*. As above.

### Histology

(1) *Bufo asiatica*. Within the renal portion of the ureteric system the PUT and SUT are lined by a cuboidal epithelium resting on a basement membrane and invested by a thin coat of collagenous connective tissue. In the main ureteric duct the epithelium is columnar. Mucinogen granules occupy the apical cytoplasm of the cells but there are no goblet cells present. The wall of the tube contains a few smooth muscle cells scattered within the collagenous connective tissue coat.

Although there is a distinct difference in the lumen size as between the renal and free portions, the gradual increase in the thickness of the ureteral wall is due to an increase in the thickness of the connective tissue coat and not to the development of an organized smooth muscle layer.

(2) *Rana esculenta*. As above.

## III Reptilia

### General anatomy

In the lizard, snake, and turtle the renal lobules do not aggregate to form lobes. Table 2 shows the number of renal lobules usually encountered in the forms studied. Vinylacetate casts indicate that the intra-renal portion of the ureteric canal is derived from two orders of tubules as follow. A variable number of SUT which receive the contents of the numerous lobular collecting tubules; and larger PUT occupying the centers of the lobules and joining the main ureteric duct at acute angles.

(1) *Gecko gecko* (fig. 10) The ureter is a slender thin-walled tube. It passes along the ventral surface of the kidney which occupies the posterior sacral region close to the cloaca.

(2) *Eumeces chinensis* As above



(3) *Naja atra* (fig. 7) While the ureters are of equal length they do not occupy the same level the left assuming a more dorsal position in the body than the right. They lie along the center of the ventral surface of the kidney and continue in free portions which pass caudally towards the cloaca.

(4) *Chelonia amyda* (fig 8) As above except that the ureters are on the same level within the body

TABLE 2

Species	<i>Gecko gecko</i>	<i>Eumeces chinensis</i>	<i>Naja atra</i>	<i>Chelonia amyda</i>
No. of lobules and PUT	8	8	18	11

## Histology

(1) *Gecko gecko*

(2) *Eumeces chinensis* In these species the PUT are very short compared with those of the turtle and snake.

The ureteric tributaries and the entire length of the ureter are lined by a simple columnar epithelium which is invested by delicate lamina propria containing thin longitudinal smooth muscle fibers. The epithelium rests on a delicate basement membrane. Sections stained by Weigert's elastin stain show a coarse sub-epithelial elastic network whose thickest elements are longitudinally disposed. The extra-renal free position shows a histological structure similar to the foregoing but there is a general increase in the diameter of the ureter due to an increase in the thickness of its adventitial coat. The lumen is wider and the epithelial lining less folded than in the intra renal portions. Towards the cloacal end a thin layer of circular smooth muscle appears in the adventitial coat. There is an increase in the number of mucin secreting cells in the epithelial lining from the ureteric tributaries to the extra-renal portion of the ureter.

(3) *Naja atra* The primary ureteric tributaries are relatively long and enter the main ureteric canal at very acute angles. The ureteric tributaries and the main ureteric duct are lined by a simple columnar epithelium containing a high propor-

tion of mucin secreting cells. The epithelial layer rests on a delicate basement membrane and is supported by a collagenous lamina propria of which a sub-epithelial elastin lamina is a prominent feature. Tissue eosinophil cells and macrophages are often found in this zone. The smooth muscle coats start in the primary tributaries as thin inner longitudinal and very delicate outer circular layers, and only in the lower third of the free portion of the ureter a third external longitudinal layer develops.

(4) *Chelonia amyda* In kidney sections cut to show the origin of the ureteric branches the collecting tubules can be identified as delicate structures lined by a simple columnar epithelium containing a few mucin secreting cells. The primary and secondary ureteric radicles have a pseudo-stratified columnar epithelium in which goblet cells are prevalent. A basement membrane is absent but the epithelial lining is supported by a thin lamina propria containing a delicate elastic network and a thin longitudinally arranged smooth muscle. A thin adventitia of collagenous connective tissue which contains a few circularly arranged smooth muscle fibers separates the secondary tubules from the surrounding renal tissue.

The intra-renal portion of the ureteric canal shows a similar structure except that there is present considerable folding of the epithelium and lamina propria and an obvious increase in the number of epithelium mucin-secreting cells.

In the extra renal free portion of the ureter the epithelial folding is more marked than in the enclosed portions and the musculature is weak and ill-defined. In this region however the adventitia is relatively thick, and the subepithelial elastic network has spread outwards to invest the muscular elements and penetrate the outer collagenous coat. The histological picture holds good for the entire length of the free portion of the ureter except that in the terminal portion close to the cloaca a few longitudinal muscle fibers and many elastin fibers may be encountered in the thick adventitial coat.

## IV Aves

## General anatomy

(1) *Melanitta deglandi*. (2) *Columba livia*. (3) *Gallus domesticus* Table 3 shows the number of lobules and PUT occurring in the three main renal lobes. In all three species the ureter passes through the center of the renal lobes and the ureteric tributaries connect with the ureter on its dorsal side. The duck has a thicker ureteral wall than either the pigeon or the hen.

TABLE 3

Species	<i>Gallus domesticus</i>	<i>Columba livia</i>	<i>Melanitta deglandi</i>
Upper lobe	8	6	7
Middle lobe	2	3	3
Lower lobe	3	2	8-9

## Histology

(1) *Melanitta deglandi* The collecting tubules are lined by columnar epithelial cells, few of which appear to be mucin-secreting. There is a distinctive basement membrane and the tubules are supported by a thin collagenous connective tissue lamina. The primary and secondary ureteric tributaries and both the renal and the external portions of the main ureteric duct are lined by a pseudo-stratified columnar epithelium. There is an obvious increase in the numbers of the mucin-secreting cells from the primary down to the secondary tributaries and the main ureteric duct. In sections, secondary tubules may be found in groups each tube surrounded by a lamina propria and a few longitudinally disposed muscle fibers and the entire group ensheathed in a connective tissue coat in which a few circularly arranged muscle fibers are found. The renal portion of the ureter is surrounded by two smooth muscle layers, an inner longitudinal and an outer circular; and there is an extensive elastic network in the thick lamina propria underlying the epithelial lining. The musculature increases in thickness toward the distal (free) portion of the ureter where an additional outer longitudinal layer occupies the adventitia.

(2) *Columba livia* In this species the arrangement of the musculature is similar

to that in the duck and hen. But individually the layers are much thinner in the pigeon, as are the lamina propria and sub-epithelial elastic lamina.

(3) *Gallus domesticus*. The epithelial lining of the different categories of tributary and of the ureter proper are similar to those of the duck. The main difference between the ureters of this and the previous species is to be found in the quantity and distribution of the smooth musculature. While an inner longitudinal and a middle circular layer are present in sections of the hen ureter these layers tend to be thinner than in the duck and the outer longitudinal muscle coat only develops towards the cloacal end of the ureter. The quantity and distribution of the lamina propria are similar to that seen in the duck.

## V mammalia

The gross anatomy and histology of the ureter and its tributaries are well-known and do not here require special description. For comparative purposes in this study the vinyl acetate casts and histological preparations did not reveal any new information.

*The PAS and alcian blue BGS reactions*  
The distribution of PAS-positive material, and the results of the Alcian blue BGS reaction for acid mucopolysaccharides in the various species studied are shown in table 5. The following additional observations were noted.

*Marine and fresh-water fish.* In both types the actively secreting epithelial elements showed PAS-positive granules in the apical cytoplasm. Fresh-water fish were distinguished from the marine varieties by the presence of large numbers of strongly PAS-positive goblet cells (figs. 18-19).

*Amphibians* The PAS-positive material was concentrated at the free surface of the epithelial cells.

*Reptiles* All the varieties studied contained strongly-positive granules in the apical cytoplasm of the epithelial cells. The turtle however differed from others in possessing more epithelial goblet cells showing a strong PAS-positive reaction, and in the absence of a distinct basement membrane.

*Birds* In all three species the epithelial cells were PAS-negative or showed only a

faint diffuse reaction. Within this epithelium the goblet cells were strongly PAS-positive.

**Mammals** The PAS reaction in dog, cat, and rabbit are given in table 5 for comparison with the other species. Figure 17 shows the distribution of PAS-positive material in the transitional epithelium of the dog's ureter.

Control sections incubated at room temperature for two hours in a 40°C saliva distilled water mixture showed no change in the distribution and in the intensity of the color reaction in the epithelial PAS-positive material in fishes, reptiles, birds.

In the amphibian and the mammalian ureter however the epithelial PAS-positive material did not resist the salivary diastase and the epithelium in all the control section was PAS-negative. Alcian blue 8GS Sections stained for 30 seconds in 1% Alcian blue 8GS showed a positive reaction for acid (Fig. 20) mucopolysaccharides in the ureteric epithelium in fishes reptiles and birds. In the amphibian and mammals however the epithelial cells did not take up the stain.

#### DISCUSSION

The products of protein metabolism and their adaptive correlation to habitat have been discussed by Prosser ('52) Delaunay ('29) Needham ('35) and others. It is clear that although nitrogenous excretion in any one group of vertebrates is not confined to any single product, nevertheless the predominant excretory product can be used as a basis for a general classification. Where ammonia, urea or uric acid constitute the main excretory products of protein metabolism in a given species the

terms *ammonotelic ureotelic* and *uricotelic* are descriptively applied (table 4).

Embryological considerations apart, the type of urine produced (particularly its consistency and degree of toxicity) has been held to have some influence upon the structure of the channels involved in its excretion. Thus for example in *ammonoteles* the high toxicity of ammonia and its ready solubility and diffusibility in water have been contrasted with the relatively low toxicity and solubility of uric acid in the *uricotelic* types.

As a general rule this view is supportable but, as is shown in this study it would be misleading to interpret it too literally.

#### The musculature

From a comparison of histological sections there was no evidence that the amount of musculature in the ureteric system of tubules is closely related either to the consistency of the urine excreted or to its chemical constitution. For example in the marine and freshwater *ammonoteles* which secrete a watery urine the ureters are relatively long compared with the body length and are fairly muscular in the turtle gecko and skink, which secrete a semi-fluid urine the ureters are comparatively short and have a relatively weak musculature; while in the snake the ureter is long and has strong muscular coat.

There is however a correlation in the reptiles birds and mammals, between the length of the ureteric system and the amount of the peri-ureteral smooth muscle (fig. 1).

In mammals muscle cells can be demonstrated in the calyces and pelvis of the

TABLE 4

Species	Urine type	Urine	Epithelium	Goblet cell
Fresh-water f. b.	A		c	+
Salt-water f. b.	A		c	0
Amphibians	U	a	c	0
Reptiles	Uco	B	c (Turtle p)	+
Birds	Uco	B	p	+
Mammals	U		t	0

A, ammonotelic  
U, ureotelic  
Uco, uricotelic

a, aqueous  
B, semi-solid

columnar  
p, pseudostratified  
(transitional)

percent  
0, best

kidney (Kil, '57) In reptiles and birds, as has been shown here the musculature begins in the finer ureteric branches. This difference is of interest. Engelmann (1869) described the movements of the ureter in laboratory mammals, and since then it has been commonly held that the urine in these species is carried by peristaltic action from the renal pelvis directly to the bladder. Recent evidence, however, indicates that while the sphincters of the renal calyces and the muscle layers in the mammalian renal pelvis may contract simultaneously and the pelvis and upper part of the ureter fill as a single unit, only the contents of the ureter are transported distally by the contractile waves (Kil, '57). Should this be so the mammalian kidney may well be protected from back pressure resulting from increases in intra-abdominal pressure due to factors such as alterations in posture (Gould, '55).

In birds, in which the renal pelvis is absent, peristaltic contraction waves have been described as having a "milking" effect on the urine and are said to be capable of acting against considerable pressure (Gibb '29; Sturkie '54). It has also been reported that the pressure developed by the ureteral movements can be built up to a point greater than the intra-renal secretion pressure, and this has led to the view (Gibb, '29) that in birds at any rate, renal secretion may be temporarily curtailed by this means.

It has been demonstrated here that smooth muscle cells occur in the finer intra-renal ureteric radicles of fish; and it is interesting to speculate whether a mechanism similar to that postulated for birds might occur in this species, particularly in migratory types. Since it is unlikely that new glomeruli can develop and disappear again as the animal moves from salt to fresh water and *vice versa* (Baldwin 46) the possibility of upholding and releasing glomerular activity through muscular action in the fine ureteric radicles is theoretically as attractive as that of selective contraction of the renal artery and/or vein (Baldwin 46).

#### The epithelium

With the exception of birds and mammals, all the species studied have a simple

columnar epithelium lining the ureter and its branches. The pseudo-stratified epithelium of birds, and the transitional of mammals are structures permitting a fair degree of ureteral distension without epithelial loss or damage. That such distensions can occur locally in the mammalian ureter is shown by the spontaneous formation of ureteral pools (Kil, '57; Gould, '55). While there is no evidence in the literature that similar pools form in the avian ureter the presence of a pseudo-stratified epithelium, containing many goblet cells may be associated with the type of peristaltic action by which the semi-solid urine is "milked" distally towards the cloaca.

Table 4 shows in which species goblet cells were found to be most prevalent. It is noticeable that in the *uricoteles* studied goblet cells are uniformly present, whereas, in the amphibians and mammals there are none. This may be accounted for by the fact that the *uricoteles* in general secrete a semi-solid urine which is relatively toxic to epithelial tissues while, the *ureotelic* mammals and amphibians produce a more fluid urine whose urea is much less toxic than uric acid. In these forms therefore less protection is required for the epithelial surface.

Since ammonia is by far the most diffusible and toxic constituent of all the vertebrate urines, its efficient elimination is of great importance in the *ammonoteles*. On considering the fresh-water and marine fish in this study it was surprising to find that the fresh-water varieties possessed numerous ureteric goblet cells, while in the marine species these were totally absent.

A possible explanation for this may be that marine teleost secrete a good deal of waste nitrogen in the form of trimethylamine oxide which is non-toxic. In addition to this very small amounts of urine are produced daily 2-4 cc per Kg body weight (Grafflin, '31). In fresh-water forms on the other hand, the nitrogenous waste is not converted into trimethylamine oxide. There is no need therefore, to "mask ammonia, since an almost unlimited water supply is available for its excretion (Baldwin, 46). In the fresh water forms, therefore which produce relatively large amounts of ammonotelic urine (300 cc per kg per day Grafflin '31) lubricative

and protective mucin is most necessary. Hence the presence of goblet cells.

#### Histochemistry

Of the species studied only the ureteric amphibians and mammals produce ureteric PAS-positive material in the form of glycogen (Group IA, Pearse '53). In contrast to this acid mucopolysaccharides (Group 2A, Pearse '53) predominate in the amonoteles and uricoteles (table 5). In

TABLE 5

	PAS	PAS control	Alcian blue	Group (Pearse, '53)
Fresh-water fish	+	+	+	IIA
Salt-water fish	+	+	+	IIA
Amphibian	+	-	-	IA
Reptiles	+	+	+	IIA
Birds	+	+	+	IIA
Mammals	+	-	-	IA

— epithelium  
+ — goblet cells

formation on the comparative biochemistry of vertebrate urine is as yet insufficient to justify an explanation of the above differences. It is possible however that the chemical constitution of the polysaccharide complexes adapt them to serve the functional requirements of lubrication. The action of depolymerizing enzymes such as the mucinases can lead to loss of viscosity under certain circumstances (De Robertis '58). The structural changes induced in mucopolysaccharide complexes such as exist in the ureteric epithelial secretion may thus aid the downward flow of semi solid urines.

#### SUMMARY

1. In reptiles, birds and mammals (but not in fish) there is a correlation between ureteral length and the amount of peri-ureteral smooth muscle.

2. In reptiles, birds and amphibians the ureteral smooth muscle extends into the finer ureteric radicles.

3. The ureteral epithelial lining is columnar in fish, amphibians and reptiles (except turtle), pseudo-stratified in turtle and birds and transitional in mammals.

4. Epithelial goblet cells are conspicuous in fresh-water fish, reptiles and birds, but absent in salt-water fish, amphibians and mammals.

5. The predominant ureteral polysaccharide complex in amphibians and mammals is glycogen. Acid mucopolysaccharide complexes predominate in the ureteral epithelium of fish, reptiles and birds.

6. The possible functional significance of the above observations, particularly concerning that of the musculature in the finer ureteric radicles is discussed but too little is known of the comparative biochemistry of the urines in the different vertebrate types to speculate on the significance of their ureteral histochemistry.

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## PLATES

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Fresh-water fish	+	+	+	IIA
Salt-water fish	+	+	+	IIA
Amphibians	+	-	-	IA
Reptiles	+	+	+	IIA
Birds	+	+	+	IIA
Mammals	+	-	-	IA

— epithelium  
g — goblet cells

formation on the comparative biochemistry of vertebrate urine is as yet insufficient to justify an explanation of the above differences. It is possible, however that the chemical constitution of the polysaccharide complexes adapt them to serve the functional requirements of lubrication. The action of depolymerizing enzymes such as the *mucinases* can lead to loss of viscosity under certain circumstances (De Robertis, '56). The structural changes induced in mucopolysaccharide complexes such as exist in the ureteric epithelial secretion may thus aid the downward flow of semi-solid urines.

### SUMMARY

1. In reptiles, birds and mammals (but not in fish) there is a correlation between ureteral length and the amount of peri-ureteral smooth muscle.

2. In reptiles birds and amphibians the ureteral smooth muscle extends into the finer ureteric radicles.

3. The ureteral epithelial lining is columnar in fish, amphibians and reptiles (except turtle) pseudo-stratified in turtle and birds and transitional in mammals.

4. Epithelial goblet cells are conspicuous in fresh-water fish, reptiles and birds; but absent in salt water fish, amphibians, and mammals.

5. The predominant ureteral polysaccharide complex in amphibians and mammals is glycogen. Acid mucopolysaccharide complexes predominate in the ureteral epithelium of fish, reptiles and birds.

6. The possible functional significance of the above observations, particularly concerning that of the musculature in the finer ureteric radicles is discussed; but too little is known of the comparative biochemistry of the urines in the different vertebrate types to speculate on the significance of their ureteral histochemistry.

### ACKNOWLEDGMENT

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PLATE 2

EXPLANATION OF FIGURES

*Epithelium*

- 11 *Naja atra*. Intra-renal branches of the ureter. Lower left, primary ureteric radicle. Center, secondary ureteric radicle. Above, collecting tubule. Nonax embedding. Masson trichrome stain.  $\times 500$
- 12 *Colaptes irus*. Ureteral pseudo-stratified columnar epithelium. Paraffin wax embedding. Masson trichrome stain.  $\times 700$
- 13 *Chelonia mydas*. Ureteral pseudo-stratified columnar epithelium. Nonax embedding. Masson trichrome stain.  $\times 718$ .
- 14 *Gecko gecko*. Primary ureteric radicle, left; three secondary ureteric radicles, top and center. Paraffin wax embedding. Masson trichrome stain.  $\times 183$ .
- 15 *Gecko gecko*. Simple columnar epithelium lining the ureter. Paraffin wax embedding. Haematoxylin and Eosin.  $\times 470$
- 16 *Naja atra*. Ureteral simple columnar epithelium. The dark intra-epithelial bodies are mainly eosinophil leucocytes and macrophages commonly seen in this species. Paraffin embedding. Masson trichrome.  $\times 318$ .

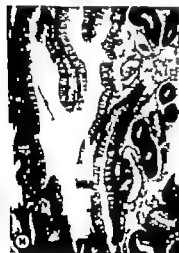


PLATE 3

EXPLANATION OF FIGURES

*Histochemistry*

- 17 *Cavia f. fulvicaria*. Ureteral pseudo-stratified columnar epithelium. Periodic acid-Schiff reaction. Paraffin embedding. X 340
- 18 *Plectrohyla pictus*. Primary urticaric nodules. Periodic acid-Schiff reaction. Paraffin wax embedding. X 700.
- 19 *Cyprid* *in* *caerula*. Epithelial goblet cells. Periodic acid-Schiff reaction. Paraffin wax embedding. X 800.
- 20 *Cyprid* *in* *caerula*. Epithelial goblet cells. Alcian blue 8GS. Paraffin wax embedding. X 667





# The Human Embryonic Heart in the Seventh Week<sup>1</sup>

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Although cardiac development has interested investigators for more than 2,500 years (see Kramer 42 and Licata, '54 for historical reviews) the discovery of many of the details of cardiogenesis awaited the development of techniques for the construction of enlarged models of the embryonic heart so that its anatomy could be seen more easily. Such a technique was described by Boen in 1883 but the method is so painstaking and time-consuming that many gaps still exist in the available series of models illustrating the human heart at various stages in its development. As these gaps become narrower we are confronted with the problem of the individual variability that occurs at each stage.

The present paper an attempt to fill one of the gaps in our knowledge of the embryology of the human heart, is based on an enlarged model of the heart in the seventh week of its development. This is the period during which the coronary vessels and the secondary interatrial septum appear. It is also a period in which many of the structures and relationships of the adult heart are recognizable.

## MATERIALS AND METHODS

The model upon which the present study is based was made from the heart of an embryo<sup>2</sup> with a crown-rump length of 14.5 mm. The embryo was in Streeter's Horizon early XVIII. Several factors led to the selection of this particular heart for reconstruction: (1) It fits well into the existing series of reported reconstructions; (2) the crucial changes that are occurring during this period have often been described on the basis of interpositions between more carefully observed earlier and later stages, and (3) the heart was particularly well preserved to illustrate internal features to best ad-

born's method of wax-plate reconstruction as modified by Kramer (42) was employed. The model, reconstructed at a magnification of 100X is dissectable at various levels in a plane coinciding with the transverse plane in which the embryo was sectioned. Figure 3 illustrates the internal structure that is evident as several succeeding segments of the model are removed. The proximal portions of the major vessels entering or leaving the heart have been included in the reconstruction (figs. 1 and 2).

Additional embryos of a comparable age examined and compared with the model are listed below:

U. of Mich. Number	Crown-rump length mm	Streeter's horizon number	Plane of section
EH866	14.5	XVIII	Transverse
EH314	14.8	XVIII	Transverse
EH407	14.5	XVII	Sagittal
EH868	14.0	XVIII	Transverse
EH863	14.8	XVII	Transverse

## OBSERVATIONS

### External configuration

The definitive positions and interrelationships of the four chambers of the heart and the associated major vessels are externally apparent at this stage.

The pulmonary trunk crosses anterior to the ascending trunk (fig. 1) arches dorsad and to the left of it, and is connected by the temporarily robust ductus arteriosus (fig. 2) with the ventral surface of the left dorsal aortic root.

The left fourth aortic arch and dorsal aortic root are larger than their counterpart on the right side.

<sup>1</sup>This study was supported in part by a grant from Michigan Heart Association, The University of Michigan Collection No. EH-841.

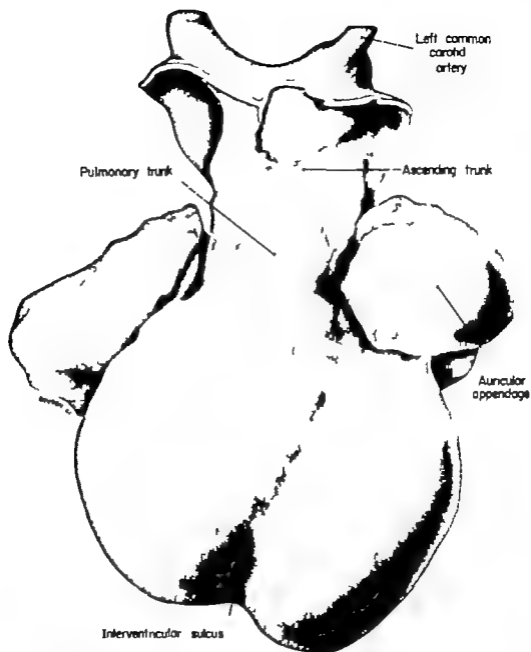


Fig. 1 Ventral view of wax-plate reconstruction of the human embryonic heart in the seventh week of development. (Reconstruction  $\times 100$  illustration  $\times 80$ .)

The continuity between the primordial pulmonary arteries (fig 2) and the right sixth aortic arch is obscured by the mass of tissue deep in the cut surface of the dorsal mesocardium, although the more

distal portions of these arteries can be seen projecting from this cut surface en route to the developing lungs.

The four pulmonary veins converge into a common trunk, the pulmonary inlet, be-

fore entering the left atrium (fig 3) Los (38) refers to this dilated pulmonary inlet as the spatium pulmonale.

The wide lumen of the left common cardinal vein and to a lesser extent that

of the right narrow (fig 3) as they become continuous with the horns of the sinus venosus (venous sinus)

The left horn of the venous sinus has become more elongated than the right and

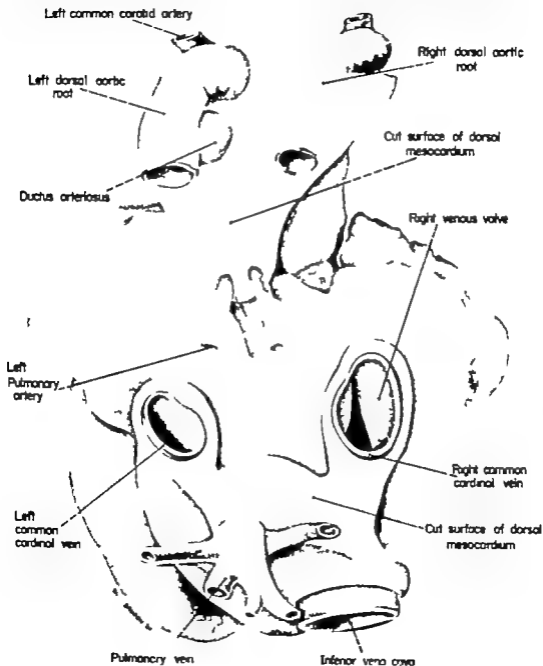


Fig. 8 Dorsal view of wax-plate reconstruction of the human embryonic heart in the seventh week of development. (Reconstruction by Los (38).) (1.0 mm X 50.)



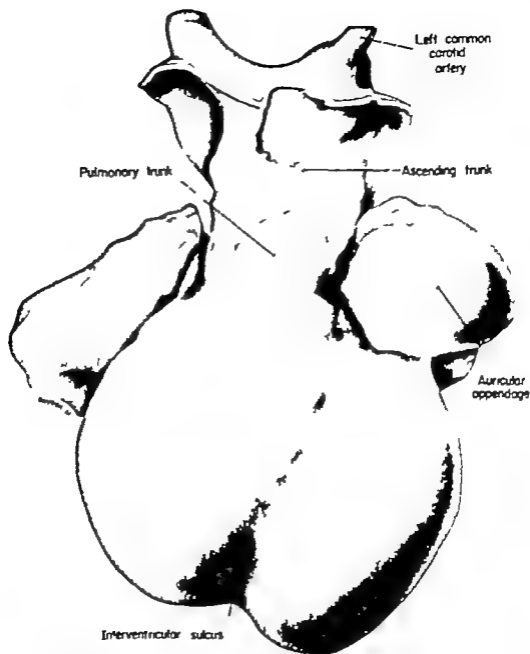


Fig. 1. Ventral view of a wax-plate reconstruction of the human embryonic heart in the seventh week of development. (Reconstruction  $\times 100$  illustration  $\times 50$ .)

The continuity between the primordial pulmonary arteries (fig 2) and the right sixth aortic arch is obscured by the mass of tissue deep to the cut surface of the dorsal mesocardium although the more

distal portions of these arteries can be seen projecting from this cut surface en route to the developing lungs.

The four pulmonary veins converge into a common trunk, the pulmonary inlet, be-

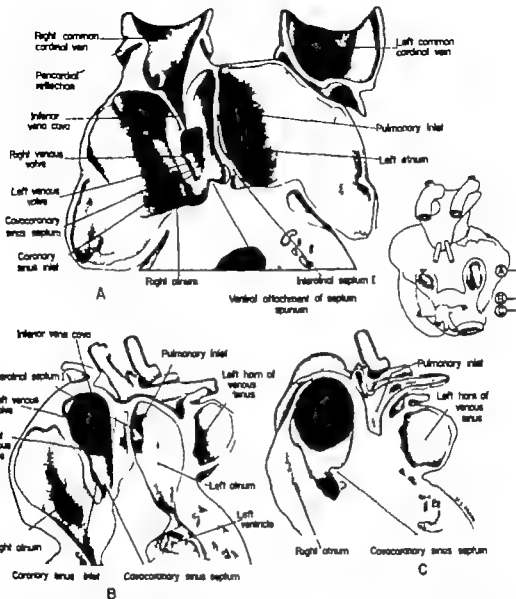


Fig. 3 Internal structure revealed as succeeding segments of the mesel are removed. (Reconstruction  $\times 100$ , illustration  $\times 32$ .)

The lumina of the common cardinal veins are surprisingly wide relative to the caliber of the anterior and posterior cardinal veins. The boundary between common cardinal vein and sinus horn is indicated by the conspicuous narrowing of the channel that has been described by Los ('78) in even younger embryos (4.4 mm. C length)

The position and the elongation of the left sinus horn as well as its point of entry into the right atrium graphically illustrate the path followed by the venous sinus in its shift to the right of an original midline position.

The cut attachments to the ventral body wall that are visible on the anterior surfaces of the ascending aorta and inferior

caval vein are not, according to James Baker (personal communication) remnants of a vanishing ventral mesocardium that arose from the fusion of separate lateral primordia. Examination of earlier stages of development indicates that they are actually formed by the extension of the pericardial cavity on each side of them.

The relatively broad arterial and venous segments of the dorsal mesocardium give little indication of the further narrowing of these dorsal attachments of the heart that will later occur. Only in the portions proximal to the cut surfaces of the right and left sinus horns is there some suggestion of this reduction. This is more apparent in the mesocardium associated with the distal portion of the left sinus horn presaging the formation of the ligamentous fold of Marshall in this area.

#### *Internal structure*

The absence in the interseptovalvular space of any evidence of the secondary septum casts some doubt upon the validity of the predictions of some investigators such as Patten ('53) that this structure is always present at this stage. Odgers ('35) and Los ('58) reported that they were unable to find any definite indication of this septum until embryos had attained a crown-rump length of 17.5 and 19.0 mm, respectively. The fact, however, that two of the five other hearts from 14.0 to 15.0 mm embryos examined in the current study did exhibit recognizable secondary interatrial septa confirms, I feel, the prediction that this structure appears during the seventh week, but suggests that it is not so well developed as had previously been supposed. The discrepancies between the various times at which the first appearance of the secondary interatrial septum has been reported emphasizes the necessity for examining more specimens at each stage of development in order to take individual variability into fuller account.

The extent of the foramen in the cephalic half of the primary interatrial septum would seem to permit the septum to offer only minimal resistance to interatrial flow. The area of this orifice is many times greater than that of the inferior caval vein

(fig. 3). Licata ('54) reports that in the ninth week of development the area of the interatrial functional orifice is roughly equal to the area of the inferior caval inlet and Patten Sommerfield, and Paff ('29) describe this area at term as being only 40% of that of the inferior caval vein. Patten points out that this relative diminution in the size of the interatrial communication is correlated with the increasing pulmonary return to the left atrium as the lungs develop.

The flow of blood from the right to the left atrium is further encouraged by the position of the well-developed right venous valve. The effectiveness of this arrangement is demonstrated by the essentially similar size of the two atria in spite of the striking differences in size of the venous channels discharging into them. Some investigators were so intrigued with the efficiency of this set-up that they felt little or none of the inferior caval stream could escape being shunted into the left atrium. The various ingenious techniques employed by Pohlman ('07-'09), Kellogg ('28-'30), Patten Sommerfield, and Paff ('29) and Barclay Franklin, and Prichard (44) demonstrated conclusively however that not all of the inferior caval stream passes into the left atrium.

The integrity of the right venous valve has not as yet, been violated by the thinned areas which will presage the subsequent resorption of much of this structure with the occasional persistence of strands that make up Chiari's net. Of the six human hearts of this age that were examined only one exhibited such thinned areas. There is apparent in the model, however a finger-like process which projects from the dorsal wall of the right sinus horn into the lumen of the sinus venosus. Such a structure would perhaps account for those portions of Chiari's net that are occasionally encountered in a position too medial to be considered a persistence of a portion of the right venous valve.

The left venous valve which Odgers ('35) described as being more prominent than the right in the 5 mm embryo is still well-developed but is by this time smaller than the right. Its position is such

as to supplement the interatrial septum in forming a partial barrier to the flow of blood from the inferior caval vein into the left atrium.

The ridge that is present in the floor of the sinistral bay of the right atrium marks the point where, in younger stages the left and right sinistral horns originally met. This primordium of the venous sinus septum will continue to develop until it completely separates the inlets of the inferior vena cava and left sinus horn. In the course of this development it will meet and fuse with the medial surface of the right venous valve which is thereby subdivided into the (Eustachian) valve of the inferior vena cava and the smaller lower (Thebesian) valve of the coronary sinus. This partition is the structure that has been named the venous sinus septum by Los ('58) the cavocoronary sinus septum by Licata ('54) the sinus septum by Tandler (12) and the *Querwalte* by Born (1888).

The medial wall of the pulmonary bay of the left atrium is formed by that portion of the primary interatrial septum that has not been perforated by the interatrial orifice. This arrangement serves to limit the flow of pulmonary blood across the interatrial septum into the right atrium. A further functional significance to the relationship between the orifice of the pulmonary inlet and the primary interatrial septum is pointed out by Licata ('54) who suggests that at later stages the mounting return of blood entering the heart at this point from the rapidly developing lungs would tend to crowd the primary interatrial septum against the secondary interatrial septum and encourage fusion.

The lateral wall of the pulmonary bay is formed by the left pulmonary crest. The gully like channel between this pulmonary crest and the primary interatrial septum extends in the floor of the left atrium from the pulmonary inlet to the left atrioventricular canal.

#### SUMMARY

1 A wax plate reconstruction of a heart from a human embryo in its seventh week of development with a crown-rump of 14.5 mm and in Strewers' I mental Horizon early XVIII is des-

Sections of five other embryos, of a similar age were examined and compared with the model.

#### External configuration

2. The four chambers of the heart and the associated major vessels are externally apparent in a close approximation to their adult positions. The pulmonary trunk arises anterior to the ascending aorta, arches around to the left of it, and connects with the anterior surface of the left dorsal aortic root via the large ductus arteriosus. The larger size of the left aortic channel presages its persistence as the dominant systemic channel accompanied by a relative reduction of the right into the proximal part of the right subclavian artery. The pulmonary arteries are small but conspicuous channels which project into the dorsal body wall. The four pulmonary veins enter the left atrium via a common trunk, the pulmonary inlet. The left horn of the sinus venosus is elongated. Its diagonal position across the back of the heart approximates the position it will occupy as the coronary sinus and reflects the path of the shift of the sinus venosus to the right from an original midline position. The proximal portions of the vessels of the coronary circulation are visible in sections of the epicardium in the atrioventricular sulcus.

3. The dorsal mesocardium has separated into a venous and an arterial segment while the ventral mesocardium is absent. Ventral attachments are present on the anterior surfaces of the aortic trunk and inferior caval vein.

#### Internal features

4. The atrial chambers conspicuously exhibit a primary interatrial septum left and right venous valves, and septum spurium. The secondary interatrial septum is absent from the model although two of the five  $\pm$  1  $\gamma$  hearts examined did demonstrate a recognizable secondary interatrial septum. A large secondary interatrial foramen occupies almost completely the cephalic half of the primary septum. The well-developed right venous valve is located so as to direct the blood entering from the inferior caval vein toward the

interatrial orifice. The left venous valve is also well developed but is somewhat smaller than the right.

5 The ainal bay of the right atrium is deep and sheltered by the venous valves. The primordium of the cavocoronary sinus septum is present as a ridge in the floor of the ainal bay between the orifices of the inferior caval vein and the left ainal horn.

6 The inlet (spatium pulmonale) of the pulmonary veins opens into a conspicuous channel (pulmonary bay) in the floor of the left atrium.

7 The ventricles are in open continuity in the region of the unfused conus ridges but are separated in the area where the interventricular septum has become attached to the fused endocardial cushion masses of the atrioventricular canal. There is as yet, no distinction between what will be the membranous and muscular portions of the interventricular septum. Both ventricles are similar in size, thickness of and amount of trabeculation.

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# Structure and Carbohydrate Histochemistry of Mammalian Salivary Glands

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Systematic studies of mammalian salivary glands such as those of Zimmerman (27) and Stormont (28) are classics in view of the comprehensive nature of the investigations. Because of the biochemical, physiological and morphological diversity of salivary glands and their anatomical accessibility in most cases, investigators find these organs useful for a variety of research interests. Recent studies of salivary glands have resulted in an increased understanding of the biochemistry and histochemistry of mucin, the physiology of digestive enzymes, mechanisms of water and electrolyte transport, relationships between exocrine and endocrine glands and many metabolic phenomena intimately associated with the secretory process. On the basis of knowledge derived from these investigations, it seemed appropriate to apply some of the more modern histochemical and morphological concepts to the salivary glands of a large group of animals with various environments and eating habits.

The present investigation deals primarily with the character and distribution of neutral and acidic carbohydrates. In view of the number of animals included in this study the structural analysis is limited to a brief description of the parenchymal elements in each of the major salivary glands e.g., the presence or absence or relative development of acini, intercalated ducts and striated ducts.

A multiplicity of terms is found in the literature to identify cell types in the major salivary glands. The secretory units, for example are described as being "homeochrome tropochrome (Bensley '08) pseudomucous (Wimsatt, '56) sero-synzymogenic special serous (Stormont, '28) atypical mucous (Leblond, '50); and variations of these Jacoby and Leeson ('59) point out, in particular slackness in

the nomenclature referring to rodent submaxillary glands. In this paper there is no intent to discredit the terminology proposed by others. An effort is made, however to focus attention on the necessity of avoiding the use of a heterogeneous nomenclature.

## METHOD AND MATERIALS

The major salivary glands of adult males and females were examined in the hamster mouse and Long Evans rat. Also studied were the major salivary glands of the rabbit, guinea pig, dog, cat, cow sheep hog, rhesus monkey and man. Adequate representation is therefore achieved in the rodents lagomorphs carnivores ungulates and primates. In addition to submaxillary sublingual and parotid glands the zygomatic gland of the dog and the molar gland of the cat were included in this work. Both the monostomatic and polystomatic portions of the dog sublingual gland were examined. In animals possessing extremely large salivary glands, e.g. the cow multiple areas from each gland were studied.

Three fixatives were used in the preparation of paraffin sections. These were Bouin's, Zenker formal (10%) and 10% formalin (containing calcium carbonate). Aside from routine staining methods i.e. hematoxylin and eosin Masson and Mallory-azan, sections were also stained with the periodic acid Schiff method (PAS) alcian blue-Feulgen (AB-F) and colloidal iron-Feulgen (CI-F) (McManus and Mowry '60). Tissues were also sulfated by the method of Mowry ('58) and reacted with PAS AB-F CI-F and 0.01% toluidine blue-O solutions buffered at pH 2.6 3.6 4.5 and 6.5. In addition to sulfation, alteration of tissue components was

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accomplished by phenylhydrazine blockade of periodate oxidized 1,2-glycols (Pearse '60) acetylation and by digestion of diastase and hyaluronidase labile substances (McManus and Mowry '60)

### RESULTS

One simple way to classify salivary glands is on the basis of the relative amounts of neutral and acidic polysaccharides contained in the secreting unit, or according to the presence or absence of one or the other of these types of tissue carbohydrate. Salivary gland acini by this method of classification fall into one of three categories. These are (1) mucous acini, containing large amounts of acidic carbohydrates as determined by the colloidal iron (CI) and alcian blue (AB) methods. Upon sulfation of mucous acini, AB and CI as well as the PAS reaction are markedly blocked. (2) The serous acini contain various amounts of neutral polysaccharide but almost no acidic carbohydrate. These structures sometimes stain with AB and CI after sulfate esterification. (3) The seromucous acini possess an appreciable quantity of both neutral and acidic carbohydrate. Here, sulfation blocks AB and CI staining of the contained mucin but at the same time esterification of the neutral polysaccharides occurs. The general appearance of seromucous acini, therefore, is a structure which stains moderately with AB or CI either before or after sulfation. Sulfation produces a strong toluidine blue metachromasia in mucous and seromucous cells which persists at pH values below 2.5 whereas serous acini stain orthochromatically either before or after sulfation. In the mammals of this study salivary mucin almost invariably lacked the qualities usually associated with sulfated mucopolysaccharides (table 1). Previous workers have found CI and AB positive materials in salivary gland acini to be composed of stalic acid containing mucin (Spicer and Warren, '60 Warren and Spicer '61 Quintarelli et al. '60 '61)

The particulars of duct morphology will be discussed subsequently. In general, however the usual types found are intercalated and striated ducts (except in certain sublingual glands and in the zygomatic and molar glands of cats and dogs)

TABLE 1  
The effect of sulfation on the staining of various tissue components

	Before sulfation		After sulfation	
	AB or CI	PAS	AB or CI	PAS
Mucous units	Positive	Positive	Reduced	Reduced
Serous units	Negative	Moderately positive	Moderately positive	Reduced
Seromucous units	Moderately positive	Positive	Moderately positive	Reduced
Tracheal cartilage (hamster)	Positive	Positive	Reduced	Reduced
Mast cell (hamster)	Poorly stained	Poorly stained	Poorly stained	Reduced

0.01% Tol. blue (pH 2.5)

Metachromatic

Orthochromatic

Metachromatic

Metachromatic

Metachromatic

granular tubules (in the submaxillary glands of the rat, mouse and hamster) and varieties of excretory ducts which, in some cases, contain large numbers of mucous secreting goblet cells.

*Submaxillary glands of rodents.* Submaxillary glands of the rat mouse and hamster are similar in structure and histochemical properties, i.e. the acini are according to the proposed definition, seromucous in type. Moreover the submaxillary glands of these rodents possess granular tubules which appear at about the time of sexual maturity (figs. 1 2 3 4). Age, sex, and hormone disturbances are often responsible for wide biochemical and histological changes in submaxillary glands of the rat, mouse and hamster (Lacassagne, 40 Raynaud, '50 '55 '57; Grad and Lehlond, 49; Junqueira et al. 49 Sreebny et al. '58 Shackelford and Klapper in press) AB and CI react moderately with the submaxillary acini of the rat, mouse and hamster. After sulfation the acini still react with AB and CI (in contrast with mucous acini) and stain metachromatically with toluidine blue (in contrast to serous acini). Metachromasia, whenever present, is judged on the basis of the dehydrated tissue sections and the persistence of the color change with 0.01% toluidine blue solutions below pH 2.6. PAS staining is intense in the seromucous acini and to some extent in the granular tubules.

The rabbit is included in this group of animals although it is classified as a lagomorph. Submaxillary gland acini of the rabbit are also seromucous (fig. 6) even though there is a granular segment proximal to the intercalated ducts (Cohoe, '07) which is PAS positive but AB and CI negative. This granular segment terminates in short relatively non-granular intercalated ducts (fig. 5).

The guinea pig is the only animal included in this study which possesses purely serous submaxillary gland acini (fig. 7). According to C. Schneyer (personal communication) amylase levels are very high in this organ. Guinea pig submaxillary gland acini are moderately positive to PAS but negative to AB and CI. The striated ducts of the rabbit and guinea pig submaxillary glands contain a detectable

amount of PAS positive-diastase removable material. Intercalated and striated ducts are present in the submaxillary glands of all the rodents of this study (including the rabbit). Striated ducts in the submaxillary glands of rats, mice and hamsters are not very numerous because most of them are modified into granular tubules at the time of puberty.

*Submaxillary glands of carnivores.* Multiple areas were taken from the submaxillary gland of the dog for histochemical and morphological studies. This procedure revealed a largely mucous secreting gland. Y Hashimoto and W Pigman (in press) report that the mucin of this gland contains a high percentage of sialic acid (9.2 gm/100 gm dry weight). The demilunes as well as the acini of cat and dog submaxillary glands react strongly to PAS AB and CI (figs. 8 9 10 11). If phenylhydrazine blockade is employed, demilune cells of both cat and dog submaxillary glands are highly resistant (fig. 12). With ordinary (unblocked) PAS staining of the cat submaxillary gland (fig. 11) demilunes are difficult to distinguish from acini because both secreting units stain intensely. In contrast to phenylhydrazine blockade acetylation blocks PAS staining uniformly and, to a certain extent, also blocks AB staining of the mucin. Phenylhydrazine does not block AB staining to any degree. Sulfation for five minutes produces a strong toluidine blue metachromasia and blocks PAS AB and CI staining of both acini and demilunes of the cat and dog submaxillary gland (cf. the effect of sulfation on serous and seromucous elements). Though probably unrelated to the carbohydrate differences in acinar and demilune cells, Godkowiak and Calandra ('61) report of the presence of argentaffin demilune cells in the submaxillary gland of the dog.

Intercalated and striated ducts are well developed in the submaxillary glands of the cat and dog (fig. 8). The apical portions of striated duct cells of cat submaxillary glands are strongly positive to PAS but negative to AB and CI. This substance is not diastase labile.

*Bovine and swine submaxillary glands.* Submaxillary glands of cows and hogs obtained at a local slaughter house contain predominantly mucous secreting acini



(fig. 13) Biochemical studies of these glands (Tsouki et al. '61; Gottschalk, '60b) reveal high stalic acid levels as in the case of the dog submaxillary gland. Histochemical evaluation of sheep submaxillary glands is not included in this work. However Hashimoto and Pigman (in press) report that 25% of the dry weight of ovine sub maxillary glands is stalic acid. This level of stalic acid indicates a largely mucous secreting gland. With the exception of the demilunes which are more seromucous than mucous, bovine and swine submaxillary glands stain intensely with PAS AB and CI (figs. 14-15) Quintarelli et al. ('61) applied the combination AB-PAS reaction to bovine submaxillary glands. His color photomicrographs show red staining demilunes and purple acini. The effect of sulfation on AB, CI, PAS and toluidine blue staining is typical of both mucous cells (the acini) and seromucous cells (the demilunes). In other words the acini stained intensely by the AB and CI methods before sulfation but were almost unstained by these methods after sulfation. Conversely the seromucous demilunes of bovine submaxillary glands are stained moderately before and after sulfation. Toluidine blue metachromasia after sulfation is very marked in the acini and to a lesser extent in the demilunes.

In general, histochemical reactions in ruminant submaxillary glands do not vary markedly from those of swine (cf. the difference in ruminant and swine parotid glands). Intercalated and striated ducts are present and well developed.

*Human and rhesus monkey submaxillary glands* The submaxillary glands of these primates consist of typical mucous and serous secreting acini (figs. 16-17). The serous elements usually predominate and many of the mucous acini are capped by serous demilunes. Serous acini and demilunes are always orthochromatically stained either before or after sulfation and, as usual, are not stained by AB or CI. Some PAS positive material is present in all serous units. The previously described histochemical properties for mucous acini also apply to human and rhesus monkey submaxillary mucin. Sulfation reverses the CI and AB staining affinities

that is, after sulfation the serous acini and demilunes are stained but the affinity of these stains for mucous acini is blocked.

PAS positive material in the serous units, intercalated ducts and striated ducts of the human submaxillary gland is readily blocked by the phenylhydrazine method whereas the PAS positive material of the mucous acini requires somewhat longer incubation before blockade occurs. Intercalated and striated ducts are present and well developed in the submaxillary glands of man and the rhesus monkey.

*The parotid glands* Histological and histochemical differences are not as great in the mammalian parotid glands of this study as compared with the variations of submaxillary glands. The most pronounced differences are seen in the parotid glands of carnivores (cat and dog) and ruminants (cow and sheep). Parotid glands of rodents lagomorphs primates and swine are similar in most respects.

The dog and cat are unique among the other animals of this study in that their parotid glands exhibit a considerable affinity for AB and CI. This is true despite the morphological appearance of these glands as typically serous (figs. 18, 19). Acini of cat parotids are larger and filled with more granular material than acinar cells of the dog parotid. It might seem appropriate to employ the term pseudoserous as did Wimsatt ('56) in the case of certain cells of the principal submaxillary gland of the bat. We prefer however wherever there exists a histochemical and morphological incongruity to classify the secreting unit according to its histochemical properties. In this case parotid glands of cats and dogs contain acini of the seromucous category that is, acini which histochemically resemble the seromucous elements of certain (previously described) submaxillary glands (fig. 20). Accordingly cat and dog parotid gland acini stain moderately by the CI and AB methods either before or after sulfation and exhibit toluidine blue metachromasia after sulfate esterification. Intercalated and striated ducts are present in parotid glands of the cat and dog. Striated ducts however are less well developed in the parotid gland of the cat.

Ruminant parotid glands are also unusual when compared with the same organ in other mammals. In these animals the outstanding difference is morphological rather than histochemical. Acini of bovine and ovine parotid glands are very long and tubular and the lining cells tend to be cuboidal rather than the usual pyramidal shape (figs. 21-22). This characteristic morphology is reminiscent of kidney tubules. Acini of sheep and cow parotid glands are only faintly AB positive but, as in typical serous cells, the affinity for AB and CI increases after sulfation. Intercalated ducts lined by very low cuboidal epithelium connect the acini with a well developed system of striated ducts. Striated ducts of bovine parotid glands often contain structures resembling mast cells. These intra-striated duct cells are strongly metachromatic (before or after sulfation) but do not stain well with PAS or AB (fig. 21).

Parotid glands from the rat, mouse, hamster, guinea pig, rabbit, rhesus monkey and swine are all very similar in their morphology and histochemistry (figs. 23-24, 25-26, 27). The cells of the parotid gland acini of the hog and guinea pig are considerably vacuolated (figs. 24-27). All the parotid glands of this investigation with the exception of the carnivores stain poorly or not at all by the AB and CI methods for acidic carbohydrates. Intercalated ducts and striated ducts are present and fairly well developed. One carnivore, the cat, has relatively small and poorly developed parotid gland striated ducts. A detectable amount of PAS positive-diastase labile material was noted in the striated ducts of the rat parotid gland. Goblet cells are frequently encountered in the excretory ducts of mammalian parotid glands (fig. 28). These structures are outstanding in bovine, guinea pig and rhesus monkey parotid glands but it is entirely possible that goblet cells of other parotid glands were overlooked. When present goblet cells stain intensely with PAS, AB and CI.

**The sublingual glands.** Mammalian sublingual glands of this study universally contain large numbers of mucous secreting acini which stain intensely by the AB, CI and PAS methods. One lobule of the

rhesus monkey sublingual gland contained mucous acini which stained metachromatically without previous sulfation. This metachromasia persisted when stained with 0.01% toluidine blue solutions below pH 2.6. Mucin of many sublingual glands stained metachromatically at pH values above 4.5. The unusual persistence of metachromasia in certain areas of the monkey sublingual gland compares with the toluidine blue staining of cartilage and mast cells.

Hamster and guinea pig sublingual glands consist entirely of mucous acini (fig. 1-29) while the same gland in mice and rats contain a number of acini with demilune formations. Boerner-Patzelt (55) also noted the lack of demilunes in hamster sublingual glands.

Cat and dog sublingual glands possess a large number of non-mucous acini (fig. 30). The serous acini of carnivore sublingual glands are striking because of well developed intercellular canaliculi lined by PAS positive granules (fig. 38). The mucous secreting cells are located in tubular structures which connect the serous acini with the excretory ducts.

Bovine, ovine and swine sublingual glands are almost entirely mucous with the exception of scattered demilune formations which are difficult to classify (figs. 32, 34-35). These demilunes are slightly positive to PAS and to a lesser extent, to AB and CI. They would therefore fall into the serous or seromucous category but the capriciousness of the histochemical reactions makes the choice difficult. Mucous acini of the rhesus monkey are capped with typical serous demilunes.

Intercalated and striated ducts are poorly developed in the sublingual glands of the cat, dog and monkey. They are almost totally absent in cat and dog sublingual glands. Intercalated and striated ducts of rodent and ungulate sublingual glands are well developed however sublingual gland intercalated ducts are most times very short as compared with the same structure in parotid glands. In two cases (bovine and swine sublingual glands) goblet cells were observed in the larger excretory ducts which gave typical

histochemical reactions for mucin (figs. 31-33)

**Zygomatic and molar glands** The zygomatic (infraorbital) gland in the dog is a fourth major salivary gland. The cat possesses a zygomatic and a molar gland and therefore has five major salivary glands. A description of the gross anatomy of these structures may be found in most text books of dog or cat anatomy. In our dissections of the dog a molar gland was not present but instead a series of mucous secreting minor salivary glands which nevertheless were histologically and histochemically identical to the cat molar gland.

The zygomatic and molar glands consist of extremely long branching mucous tubules (figs. 37-38). Striated and intercalated ducts are almost non-existent and the mucous tubules terminate in excretory ducts lined by low columnar to flattened cuboidal epithelium (figs. 39-40). In the study of serial sections through the dog zygomatic gland one area was composed of a highly coiled series of ducts. The interstices of this area contained large numbers of plasma cells (figs. 39-40).

Of all the salivary glands of this investigation the dog zygomatic gland would seem to be one of the best organs for biochemical and physiological studies of mucin. The mucin here at least histochemically is not contaminated by secretions of demilune cells and the size of the gland (about 2 gm wet weight) is sufficiently large for most research purposes.

#### DISCUSSION

Burgen and Emmelin ('61) report the presence of amylase in the saliva of man, ape, guinea pig, mouse, rat and rabbit. Amylase is absent or present in very small amounts in the submaxillary and parotid saliva of the dog, cat, cow, horse, sheep and goat. Schneyer ('58), Schneyer and Schneyer ('60) and also C. Schneyer (personal communication) report that amylase is low in concentration in submaxillary glands of the rat, mouse, rabbit and hamster in relation to high levels of this enzyme in the parotid glands of these animals. Dr. Schneyer also reported that submaxillary and parotid glands of the guinea pig exhibit considerable amylolytic activ-

ity. In applying these data to the histochemical evaluations of the present investigation it appears that salivary glands composed predominantly of mucous acini, e.g. submaxillary glands of the dog, cat, cow and sheep secrete small amounts of amylase or perhaps amylase is totally absent in certain of these glands. Salivary glands containing seromucous acini, e.g. submaxillary glands of the rat, mouse, hamster and rabbit and parotid glands of the dog and cat, exhibit low concentrations of amylase as in mucous salivary glands. Relatively high amylase levels are demonstrable in salivary glands composed chiefly of serous acini, e.g. parotid glands of the rat, mouse, hamster, rabbit and submaxillary and parotid glands of the guinea pig.

The serous acini of bovine and ovine parotid glands and of the dog and cat sublingual gland are composed of cells which are very dissimilar to the usual type of serous cell. Salivary glands containing these atypical serous acini evidently secrete very little amylase in comparison with other serous salivary glands. In so far as this study is concerned serous simply means non-mucous.

Stormont's classification of salivary glands ('38) includes a group of cell types which he calls special serous. This classification includes all cells in the submaxillary gland of the rabbit, rat, mouse, muskrat and gopher; the serous cells of the dog sublingual gland; demilune cells of the cat and dog submaxillary gland, and all cells of the submaxillary glands of the hedgehog and shrew. In the histochemical studies of this investigation most of the cells which Stormont names as special serous (excepting the serous cells of the dog sublingual gland and granular tubules of rodent submaxillary glands) have been designated as mucous or seromucous. Stormont also classified the parotid gland acini of most mammals as being serozymogenic because of the structural and functional resemblance of these cells to the pancreatic acini and the chief cells of fundic stomach which as he says are well known to produce enzymes. We have characterized the parotid gland acini of the cat and dog as being seromucous and the term serozymo-

genic is not used in connection with any major salivary gland of this study. Histochemical methods now in use are inadequate for the localization of digestive enzymes and do not merit the functional implications of a term such as "serozymogenic".

Recently much attention has been focused on the biochemical characterization of mucous secretions. Sialic acid (neuraminic acid) is one of the more consistently found carbohydrates which along with amino acids and other sugars make up mucin molecules (Gottschalk, '60a, '60b; Pigman and Traufel, '59; Traufel et al., '61). According to Gottschalk, '60a, sialic acid is responsible for the viscosity of salivary mucin. With the use of the enzyme neuraminidase (Spicer and Warren, '60) and by mild acidic hydrolysis (Quintarelli et al., '61) it has been established that sialic acid is responsible for most of the alcian blue and colloidal iron positive staining of salivary gland tissue sections. It is probable then, that this acidic carbohydrate is present in considerable quantities (per unit weight of gland) in the largely mucous secreting glands of this study viz. all sublingual glands (excepting those of the dog and cat which contain only scattered mucous acini) submaxillary glands of carnivores and ungulates and the zygomatic and molar glands of the cat and dog.

Granular tubules of hamsters, rats and mice (figs. 2, 3, 4) contain another type of secretory cell. Some investigators believe these structures to be a source of a protease (Junqueira et al. '49; Sreebny et al. '55; Schafer et al. '59). Shackelford and Klapper (in press) have shown this enzyme-granular tubule relationship to be inconsistent in some cases or at least that granular tubules are not the only source of proteolytic enzymes in rodent salivary glands. On the basis of carbohydrate histochemistry the granular tubules are composed of serous secreting cells and are not, as Fekete (41) contends mucous elements.

Babkin ('50) lists at least 14 authors who ascribe a secretory activity to salivary gland striated ducts. In recent times electron microscopic studies of striated ducts (Scott and Pease '59; Leeson and Jacoby

'59) radioautographic studies (Logothetopoulos and Niyant, '58; Cohen and Logothetopoulos, '55) analysis of salivary rest transients (Burgen and Emmelin, '61) and stop-flow procedures (Langley and Brown, '60) have clarified some aspects of salivary duct physiology. To a greater extent, however ductular contributions to salivary gland secretions are as yet poorly understood. In the morphological comparisons of this work, striated ducts are poorly developed in parotid glands of cats and in sublingual glands of dogs, cats and the rhesus monkey. Striated ducts appear to be totally absent in the zygomatic and molar glands of cats and dogs. Correlations between the structure of certain salivary glands (those in which striated ducts are well developed, poorly developed or completely absent) and physiological studies of the secretions from these glands should be fruitful in ascribing at least a general function to striated ducts.

#### SUMMARY

Secreting units of mammalian salivary glands may be classified according to their content of neutral and acidic carbohydrates as determined by the alcian blue colloidal iron and periodic acid Schiff methods. Most secreting units fall into one of three categories viz. mucous serous or seromucous. Major salivary glands composed of predominantly mucous secreting acini are the submaxillary glands of the cat, dog, cow and pig; zygomatic and molar glands of the cat and dog; sublingual glands of all animals of this study (excepting sublingual glands of the cat and dog). Cat and dog sublingual glands contain only scattered mucous elements. Demilune formations in man and the rhesus monkey are serous secreting whereas most of the demilunes in carnivores and ungulates are either seromucous or mucous. Salivary glands which are largely seromucous are the submaxillary glands of the hamster, rat, mouse and rabbit and parotid glands of the cat and dog. The submaxillary gland of the guinea pig and all the parotid glands of this investigation are composed of serous acini (with the exception of dog and cat parotid glands which contain seromucous acini). Serous acini of sheep and cow

parotid glands and those of the dog and cat sublingual glands are unusual and do not resemble the serous acini of other salivary glands. Striated ducts are absent in the zygomatic and molar glands of carnivores poorly developed in the sublingual glands of the cat dog and rhesus monkey and in parotid glands of the cat but are well developed in the other salivary glands included in the present study. Striated ducts of rat mouse and hamster submaxillary glands are for the most part, modified into granular tubules.

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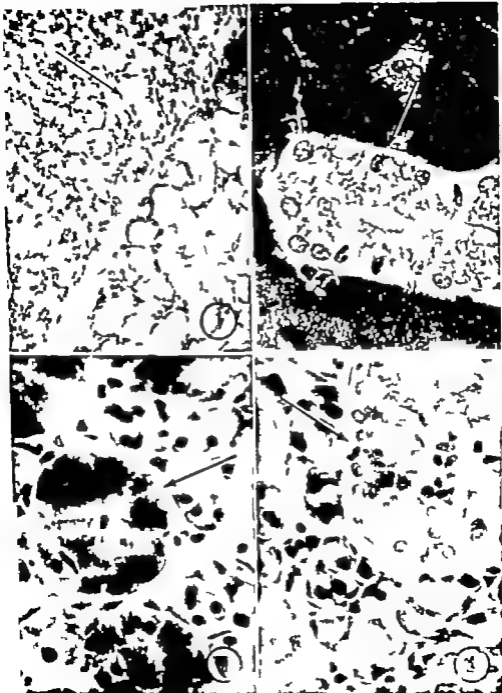
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## PLATE I

### EXPLANATION OF FIGURE

- 1 Section of hamster submaxillary-sublingual gland. Compare seromucous acini of submaxillary gland (left) with mucous acini of sublingual gland (right). Arrow indicates unstained granular tubule in submaxillary gland. Alcian blue — Feulgen stain.  $\times 170$ .
- 2 Hamster submaxillary gland. Arrow indicates lightly stained granular tubule. Acini are darkly stained and fill most of the field. Periodic acid Schiff-hematoxylin stain.  $\times 640$ .
- 3 Mouse submaxillary gland. Granular tubule at arrow. Hematoxylin, orange-G and fast blue stain.  $\times 640$ .
- 4 Rat submaxillary gland. Granular tubule at arrow. Hematoxylin, orange-G and fast blue stain.  $\times 640$ .

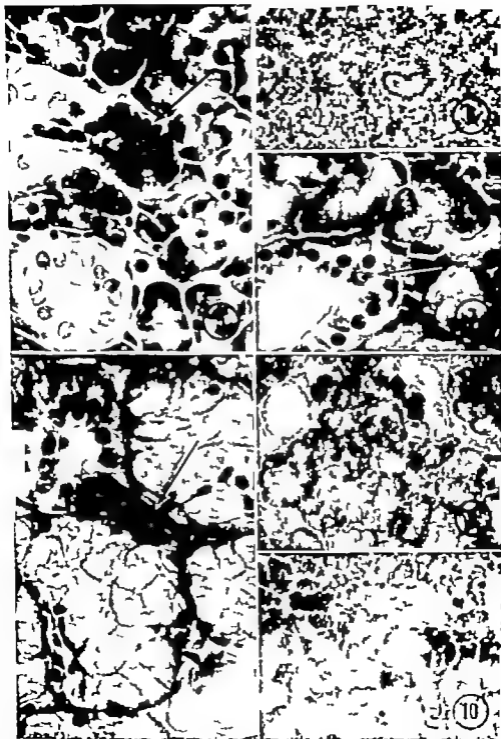




## PLATE 2

### EXPLANATION      FIGURES

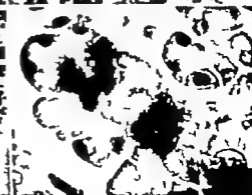
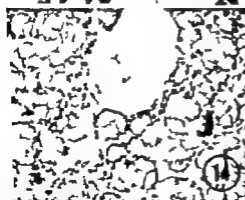
- 5 Submaxillary gland of the rabbit. Arrow indicates granular segment in the ducts which connects the seromucous cells of the acini with short agranular intercalated ducts which, in turn, terminate in the striated ducts. Hematoxylin, orange-G aniline blue stain.  $\times 640$ .
- 6 Submaxillary gland of the rabbit to show lightly stained seromucous acini. Nuclei are darkly stained by the Feulgen technique. Alcian blue — Feulgen stain.  $\times 170$ .
- 7 Submaxillary gland of the guinea pig. Arrow indicates pigment granules in striated duct. Hematoxylin orange-G, aniline blue stain.  $\times 640$ .
- 8 Submaxillary gland of the dog. Arrow indicates an intercalated duct terminating in striated duct. Hematoxylin, orange-G, aniline blue stain  $\times 640$ .
- 9 Submaxillary gland of the dog. Acini are intensely stained by this method. Alcian blue-Feulgen stain.  $\times 170$ .
- 10 Submaxillary gland of the cat. Acini are intensely stained. Alcian blue — Feulgen stain.  $\times 170$ .



## PLATE 2

### EXPLANATION OF FIGURES

- 5 Submaxillary gland of the rabbit. Arrow indicates granular segment in the duct which connects the serous cells of the acini with short granular intercalated ducts which, in turn, terminate in the striated ducts. Hematoxylin, orange-G aniline blue stain.  $\times 640$ .
- 6 Submaxillary gland of the rabbit to show lightly stained serous acini. Nuclei are darkly stained by the Feulgen technique. Alcian blue — Feulgen stain.  $\times 170$ .
- 7 Submaxillary gland of the guinea pig. Arrow indicates pigment granules in striated duct. Hematoxylin orange-G, aniline blue stain.  $\times 640$ .
- 8 Submaxillary gland of the dog. Arrow indicates an intercalated duct terminating in striated duct. Hematoxylin, orange-G, aniline blue stain.  $\times 640$ .
- 9 Submaxillary gland of the dog. Acini are intensely stained by this method Alcian blue-Feulgen stain  $\times 170$ .
- 10 Submaxillary gland of the cat. Acini are intensely stained. Alcian blue — Feulgen stain.  $\times 170$ .



## PLATE 4

### EXPLANATION OF FIGURES

- 18 Parotid gland of the dog. Striated duct (left of center) is well developed. Acini are small and seromucous in type. Hematoxylin, orange-G aniline blue stain.  $\times 640$ .
- 19 Parotid gland of the cat. Striated duct (at arrow) is poorly developed in comparison with striated ducts of other mammalian parotid glands. Seromucous acini are larger and more granular than those of the dog parotid. Hematoxylin, orange-G aniline blue stain.  $\times 640$ .
- 20 Parotid gland of the cat. Alcian blue-Fastgreen stain.  $\times 170$ .
- 21 Parotid gland of the cow. Arrow indicates metachromatic intrastriated duct cell. Toluidine blue stain.  $\times 640$ .
- 22 Parotid gland of the cow. Acini are atypical in comparison with other mammalian parotid glands. Note in particular the large lumina. Hematoxylin, orange-G, aniline blue stain.  $\times 640$ .
- 23 Parotid gland of the rat. Striated duct in center of field. Hematoxylin, orange-G aniline blue stain.  $\times 640$ .

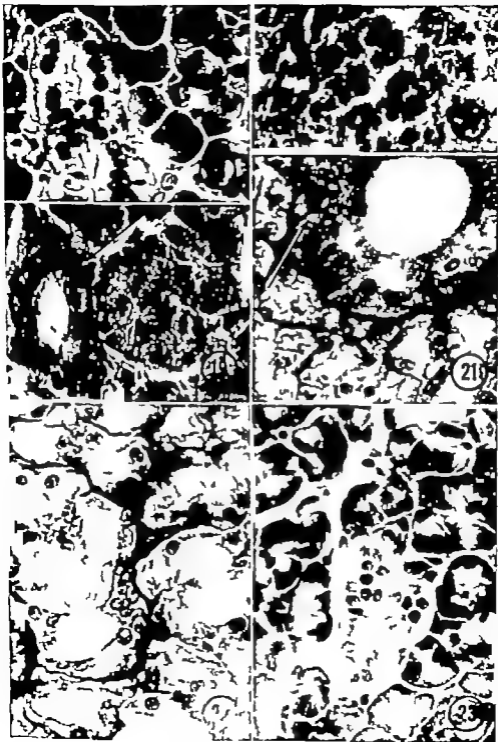
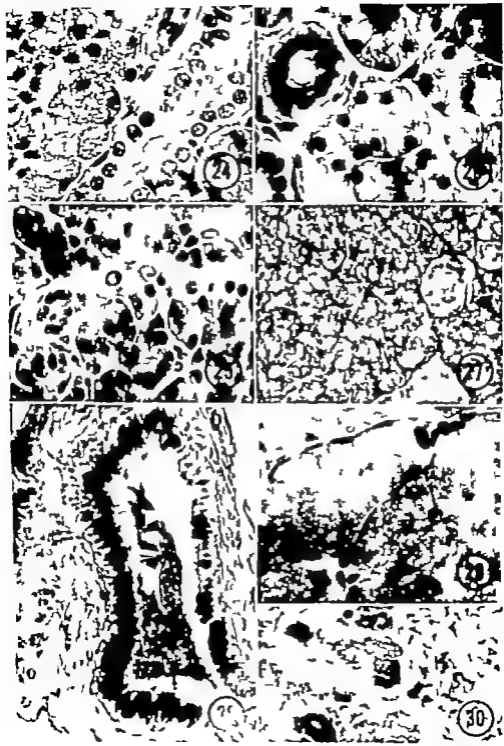


PLATE 5

EXPLANATION OF FIGURES

- 24 Parotid gland of the guinea pig. Striated duct crosses field diagonally. Hematoxylin, orange-G aniline blue stain.  $\times 640$
- 25 Parotid gland of the rabbit. Striated ducts are not shown. Hematoxylin, orange-G aniline blue stain.  $\times 640$
- 26 Parotid gland of the rhesus monkey. Cross section of small striated duct in upper left corner. Hematoxylin orange-G aniline blue stain.  $\times 640$
- 27 Parotid gland of the pig. Acini appear vacuolated. Periodic acid Schiff hematoxylin stain.  $\times 170$
- 28 Portion of large interlobar duct of the cow parotid gland. "Goblet" cells are numerous in the lining epithelium. Periodic acid Schiff hematoxylin.  $\times 170$ .
- 29 Sublingual gland of the hamster. Alcian blue-Feulgen stain.  $\times 640$ .
- 30 Sublingual gland of the dog. Periodic acid Schiff-hematoxylin stain.  $\times 170$ .

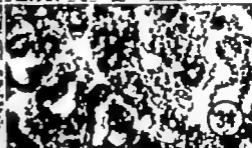




## PLATE 6

### EXPLANATION OF FIGURES

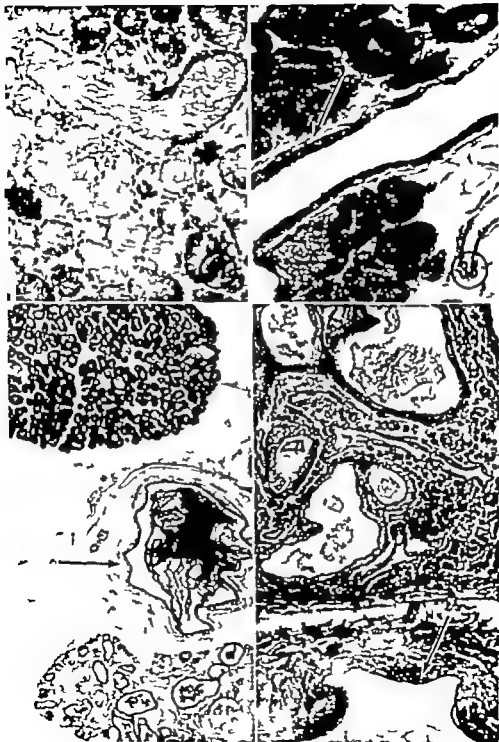
- 31 Portion of sublingual gland excretory duct of the cow containing mucous secreting cells in the epithelium. Periodic acid Schiff-hematoxylin stain.  $\times 170$ .
- 32 Sublingual gland of the pig. Alcian blue-Feulgen stain.  $\times 170$ .
- 33 Portion of large duct of pig sublingual gland containing goblet cells. Alcian blue-Feulgen stain.  $\times 170$ .
- 34 Sublingual gland of the sheep. Alcian blue-Feulgen stain.  $\times 170$ .
- 35 Sublingual gland of the cow. Striated duct in lower left corner. Hematoxylin, orange-G aniline blue stain.  $\times 640$ .
- 36 Sublingual gland of the dog. Serous acinus in center of field shows well developed intercellular canaliculi (at arrow). Periodic acid Schiff-hematoxylin stain.  $\times 1,000$ .



## PLATE 7

### EXPLANATION OF FIGURES

- 37 Zygomatic gland of the dog. Secreting units composed of long mucous tubules. Alcian blue-Feulgen stain.  $\times 170$ .
- 38 Molar gland of the cat. Interlobular duct (t arrow) lined by mucous secreting cells. Periodic acid Schiff-hematoxylin stain.  $\times 170$
- 39 Large secretory duct of dog zygomatic gland (t arrow). Portion of zygomatic gland in upper third of picture. Lower third of picture shows ductular body. Periodic acid Schiff-hematoxylin stain.  $\times 40$ .
- 40 Higher magnification of dog ductular body. Large numbers of plasma cells are located in the interstices. Arrow indicates secretory duct of zygomatic gland. Periodic acid Schiff-hematoxylin stain.  $\times 170$





# An Histological and Histochemical Analysis of the Inner Lining and Glandular Epithelium of the Chicken Gizzard<sup>1</sup>

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The gizzard of the chicken as in all seed-eating birds presents two highly specialized structural features that are correlated with its grinding functions: (1) an hypertrophied muscular coat, consisting of paired disc-shaped smooth muscle masses with tendinous centers and (2) a hard relatively thick inner coat which covers the mucous membrane and serves as grinding plates.

This thick covering, a strictly avian characteristic, has been an object of interest and study for over a century. Although different views regarding its nature have been held, it is now generally regarded as a keratinized secretion of gizzard glands.

Inasmuch as the gizzard is derived from the posterior region of the embryonic stomach it would seem that the gizzard glands are the counterparts of the mammalian pyloric glands and consequently more likely to produce a mucoprotein secretion than a keratinized substance which in mammals at least is not a secretion in the usual sense but a product of epithelial transformation and degeneration.

The recent development of histochemical tests which may be used to supplement the selective staining methods has prompted us to undertake a reappraisal of the nature of this remarkable structure.

Since our preliminary report (Eglitis and Knouff) given at the 1957 meeting of the American Association of Anatomists, a more extensive and detailed analysis has been completed which is presented here. The most recently reported attempts to determine its chemical nature by use of histochemical methods have been made by Alken ('58) and Luppa ('59). Although there is general agreement in respect to

the results of some tests, there are also differences more particularly in respect to the interpretation of results.

## MATERIAL AND METHODS

The material used in this study was obtained from adult healthy fowls of the species *Gallus domesticus*. The gizzards were quickly removed from the slaughtered birds, opened by a longitudinal incision and either the lining membrane stripped off and treated as a separate specimen or narrow segments of the wall with the lining membrane *in situ* were cut out and promptly fixed. Most of the heavy muscular coat was cut away to facilitate fixation and sectioning.

Frozen sections both of fresh and fixed material were studied. For several of the histochemical reactions very small blocks were taken and fast frozen in isopentane-nitrogen at  $-170^{\circ}\text{C}$ . They were then placed in an International Harris cryostat and sectioned usually at  $10\ \mu$  at  $-18^{\circ}\text{C}$  but thinner sections were obtained for examination with phase optics. They were mounted on coverslips and fixed in the following (1) cold  $-20^{\circ}\text{C}$  acetone (2) 10% neutral formalin at room temperature, (3) formol, alcohol, acetic acid mixture. They were then washed with buffer and carried through the various histochemical procedures.

Of the several fixatives tried for general histological study 10% neutral formalin and Bouin's fluid proved best, for general histochemical tests 10% neutral formalin. Frozen section and celloidin methods were routinely employed as the hard tough

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grinding membrane made sectioning after paraffin embedding difficult. The double embedding method was used to provide thinner sections for cytological study.

For routine histological study sections were stained with hematoxylin and eosin. The following more selective stains were employed: hematoxylin and orcein, Ziehl-Nielsen 0.5% aqueous toluidine blue and the trichrome staining methods of Mallory and Pasini, the latter regarded as a highly selective stain for keratin and keratohyalin granules. The aldehyde fuchsin staining method of Gomori (50) and Hargman's modification of Gomori's chrome alum hematoxylin (Pearse '60 page 819) were also employed for revealing the presence of aldehyde and thiol protein-bound sulfur groups respectively.

The histochemical tests chiefly employed were selected for the purpose of revealing the presence and localization of (1) carbohydrate complexes and (2) proteins and protein-bound sulfhydryl and disulfide groups as the former is a component of the mucoproteins and the latter a constituent of keratinizing substances. The presence of carbohydrates was investigated by the following methods:

#### 1 Staining with Schiff's aldehyde reagent

- Without prior oxidation with periodic acid-PA-control for presence of free aldehydes
- After oxidation with periodic acid PAS-(McManus) Pearse '60 p 832.
- After oxidation with lead tetraacetate LTAS-(Shimizu and Kumamoto) Pearse '60 p 833
- After digestion with salivary amylase followed by PA oxidation
- After digestion with hyaluronidase followed by PA oxidation
- After acetylation procedure (Lillie) Pearse p 832 followed by PA oxidation-control for (b). A negative reaction indicates that 1-2 glycol groups are responsible for the standard reaction.

#### 2. Staining with toluidine blue to demonstrate acid mucopolysaccharides

- With toluidine blue below pH 5 in dilution of 0.5 and 0.01 examined

for alcohol resistant metachromasia.

- With toluidine blue as in the above but following hyaluronidase digestion.
- With toluidine blue as in the above but following ribonuclease digestion.

3 Staining with alcian blue to demonstrate acid mucopolysaccharide (Steinman) Pearse '60 p 838 but without counter stains.

Protein containing material was identified by the Ninhydrin-Schiff reaction (Tsumura and Itchikawa) Pearse, '60 p. 78 and the coupled tetrazolium reaction before and after benzoylation (Pearse '60 p 798) Millon's reaction for tyrosine adapted to sections by Bensley and Gent (Pearse '60 p. 791) and Baker's modification of the Sakaguchi reaction for arginine according to the directions of Pearse '60 p. 799. The amino-acids revealed by the above tests are abundantly found associated with protein bound SH- and -S-S- groups in keratinizing sites. Nucleoprotein was tested for by staining with fast dyes and with the nuclear reaction of Feigen.

The protein bound sulfhydryl and disulfide groups were especially investigated; these groups are involved in the keratinizing process. The following reactions were employed:

#### 1 The dithydroxy dinaphthyl disulfide (DDD) test (Barnett and Seligman, '53 and '54)

- Without prior treatment with a dithiolglycollate demonstrating -SH- groups alone.
- After treatment with sodium dithiolglycollate reveals both -SH and -S-S- groups.
- After first blocking the -SH- group with N-ethyl maleimide and then reducing the disulfide group with 10% potassium cyanide — demonstrates the site occupied by -S-S- groups.

#### 2. Staining with Schiff's reagent.

- Without prior oxidation (control)
- After oxidation with performic acid Pearse '60 p. 805 — PFAS reveals disulfide groups

3 Staining with alcian blue (Adam and Sloper) Pearse, '60 p 806

- (a) Without prior oxidation (control)
- (b) After oxidation with performic acid — also locate disulfide — PFAAB groups.

Sites of alkaline and acid phosphatases were investigated by the Gomori methods according to the directions in Pearse ('60 pp 868-869 881) For the demonstration of lipids Sudan black staining and the Schultz cholesterol tests were applied. Fresh and fixed frozen sections were examined with polarizing and phase contrast optics. Some standard qualitative chemical tests were also applied to hydrolysates of the finely ground stripped membrane for purposes of correlation with the histochemical results.

#### HISTOLOGICAL OBSERVATIONS

The glandular layer of the gizzard underlying the covering membrane is fairly typical of gastric mucous membranes. The superficial epithelium forms a unicellular surface layer which continues into shallow pits or crypts and forms a secreting surface of similar cells. Into each crypt open several (5-8) narrow straight simple tubular glands. The epithelium of the simple glands is different in character from the superficial epithelium lining the crypts and the free surfaces between them.

The simple glands are arranged in groups of 10- to 30. The lamina propria between the individual glands of a group is reduced to mere slips of delicate connective tissue hardly sufficient to support capillary networks but broader bands of connective tissue are found between the groups. Sections through the glandular region parallel to the gastric surface presents a lobular arrangement of the gland tubules. Each gland consists of a neck, body and fundus and resembles more in form the peptic than the pyloric tubules of mammals. The slightly expanded distal ends (fundus) reach the dense fibrous connective tissue of the submucosa. A muscularis mucosae is absent. (see figs. 1 and 2)

The hematoxylin-eosin and the toluidine blue stained vertical sections reveal clearly

the composite nature of the covering layer also its mode of formation. It consists of:

- (1) Arrays of vertical columns which represent secretion streams of the simple tubular gland. Each array corresponds to the secretions of a group of the glands (fig. 3)
- (2) A matrix produced by the superficial cells of the crypt and free surface which appears to be deposited periodically since it presents a pattern of horizontal stria with darker stripes which would represent resting lines. The topological features are well shown in figures 1 3 7 and 16

The course of the secretion of the tubular glands passes from the gland lumens through the crypts and then vertically as columns through the entire thickness of the covering layer to its free surface where they project slightly to form a dentate surface (fig. 10) The secretion emerging from the mouths of the crypts is too rigid to spread laterally over the free surface in fact it is so inspissated and hardened within the gland lumens that upon entering the bottom of the crypts the secretion of each gland remains distinct (fig. 4) The several columns within each crypt appear to be surrounded and perhaps cemented together by the secretion of the crypt epithelium which is softer and spreads more readily around the rods and over the free surface. Stripping off the membrane pulls the already hardened rodlets out of the crypts and they remain attached to its undersurface (fig. 8)

The epithelium of the tubular glands varies from a low cuboidal in the neck region to a low columnar type in the slightly expanded end portion. The nuclei are relatively large and oval and enveloped by a relatively small amount of basophilic cytoplasm. The lumens except in the fundus regions of the glands are filled with a dense homogeneous secretion that resembles the colloid of the thyroid gland in its staining reactions especially with the trichrome stains (fig. 14) The free border of the cells and the periphery of the secretion



mass stain faintly blue with Mallory's stain (clear in the fig. 14) whereas the main central mass stains red. The columns in the crypts are markedly acidophilic, as is also the secreted membrane which staining uniformly appear as a homogeneous mass (fig. 2)

In the fundic portion of the glands the lumens often appear empty or contain fine filamentous or flocculent material. In Bouin fixed material stained with aldehydefuchsin these filaments are well shown. They appear to extend upward from the fundic lumen, combining with others to produce a compact mass which in the upper stretches of the tubules form the hardened columns or rodlets. The side membranes of the cells are beautifully demonstrated by this stain. They seem to participate in filament formation. In fact Wiedersheim long ago (1872) believed the basal parts of the cells also secrete and pour their secretion into the lumens by means of intercellular capillaries. These features are probably the result of the precipitating action of the fixative. The cytoplasm after toluidine blue staining in the acid pH range is basophilic with a metachromatic shade which is not observed in sections pre-treated with ribonuclease.

The superficial epithelial cells, lining the crypts and covering the free surface which secrete the matrix of the horizontal striae are taller than the cells of the tubular glands just described. After H & orcein staining they show two distinct zones (fig. 8) a basal basophilic zone including the nucleus and a distal zone which is faintly eosinophilic staining somewhat deeper with orcein. Three zones are distinguished after toluidine blue staining a basal basophilic zone including the nucleus a supra-nuclear zone containing many deeply metachromatic granules and a narrow apical and border zone which is uncolored and appears empty (fig. 5)

Apparently the superficial cells discharge their secretion by the apocrine method. Although the details of the process are difficult to follow in our preparations, the supranuclear granules appear to swell and solubilize producing a clear substance which fills the apical poles of the cells (fig. 15). This material is re-

fractory to most histological stains and histochemical tests as well, so the apical pole presents an empty appearance (fig. 6) Montagna et al. ('53) have observed similar features in the apocrine sweat glands. They described supranuclear granules in the gland cells and an apical discharging zone but they also described the cytoplasmic processes projecting from the free border which by fragmentation form spherules and granules of secretion. Granules and globules were also found in the discharged secretion of the crypt cells around the columns (fig. 6) and on the undersurface of the membrane, but we did not see the cytoplasmic extensions as described for the secreting cells of the apocrine sweat glands perhaps they are present but of microvilli dimensions.

The tissue between the cavities of the adjacent crypts form ridges which resemble papillae-like formations with a core consisting of vascular lamina propria, the walls of crypt epithelium and crest of surface epithelium. The cells at the summit of these formations undergo pyknotic and cytoplasmic degeneration and desquamation forming a strand of nuclear and cytoplasmic debris which extends vertically through the matrix between the arrays of secreted columns (fig. 1)

Summarizing, there are two principal types of glandular cells in the chicken gizzard: (1) the cuboidal cells of the tubular glands which produce a hardened substance which is excreted in the form of rods or columns that pass vertically through the entire thickness of the covering membrane; (2) the columnar cell covering the surface and lining the crypt which secretes a softer material that spreads over the free surface before it hardens and forms the substance of the horizontal striae.

#### HISTOCHEMICAL OBSERVATIONS

The results of the histochemical tests are summarized in table I. The intensity of the reaction in each case is graded as follows: absent (-) slight or trace (+) moderate (++) strong (+++) very strong (++++)

*Carbohydrate reactions* The secreted material of the cells of the tubular glands

TABLE 1  
Histochemical responses of secretory products of gizzard epithelium

Treats	Intra-cellular granules		Luminal contents		Crypts	Overlying membrane	
	Tubules	Surface	Body	Neck		Columnar	Mucic
Carbohydrates							
FA8	-	++	++	+++	++	+	+
LTAS	-	+++	+++	+++	+++	+	+
Methanocyanol	-	+++	-	-	-	-	-
Al-Lys blue	-	+++	-	-	-	-	-
AF1	-	+++	++	+++	+++	-	-
Proteins							
Millon	+	+	+	+	+	+	+
Ninhydrin-Schiff	+	+	+	+	+	+	+
Arginine	+	+	+	+	+	+	+
Coupled tetrazolium	+	+	+	+	+	+	+
DDP	+	+	+	+	+	+	+
DOD	-	+	+	+	+	+	+
DDP	-	-	-	+	+	+	+
PFAS <sup>1</sup>	-	-	-	-	-	-	-
PFAS <sup>2</sup>	-	-	-	-	-	-	-

Includes lining cells of crypts.

Aldehyde-fuchsin.

Wilson's pretreatment with thiopyridate -85% group only.

Pretreatment with thiopyridate -85% and -8-8- combined.

Pretreatment with malachite and potassium cyanide.

Parformic acid, alkalin Mass.

Pretreated acid -- Schiff.

is PAS and LTAS positive, but the intensity of the reaction varies from site to site. In the fundus portion of the tubule there is a very slight response, but as the material collects and condenses along the length of the tubular lumen the intensity of staining progressively increases. In the upper body and neck region where the secretion is molded into dense cylindrical rods or columns there is a strong response. In the crypts, where the columns are enveloped by a softer secretion of the crypt cells, the intensity of the staining is maintained, however at the mouth of the crypts there is an abrupt change from a strong to a moderate response.

The LTAS procedure recommended by Glegg et al. ('52) as a more specific test for carbohydrates where proteins are also present, gave parallel but somewhat stronger reactions. Neither method however demonstrated presecretion inclusions in the secretory poles of the cells of the simple glands.

The degree of basophilia after toluidine blue staining varied not only in respect to site but also to pH and strength of the staining solution. In general the material in the lumens of the fundus and lower gland regions failed to stain or was colored only slightly but in the upper regions of the glands and in the crypts the color varied from a pale blue to a bluish green. The secreted columns within the membrane were colored a light shade of blue. In general the intensity of staining with toluidine blue paralleled that of the PAS and LTAS staining methods, but at no site at a pH lower than five and a dilution of 0.5% or less did the secreted material exhibit alcohol fast metachromasia. Basophilic material with a slight metachromatic tinge was observed in the cytoplasm of the cells of the tubules. This material was present not only at the base but also at the nuclear and supranuclear level of the cells as well. The relatively large nucleus contained a single stained nucleolus. The basophilic cytoplasmic material was identified as ribonucleoprotein as it appeared to be largely removed by pretreatment with ribonuclease.

Scattered here and there among the chief cells with abundant cytoplasmic

basophilia were found larger clear cells with virtually no cytoplasmic basophilia. These cells react to the basophilic stains like the parietal cells of the mammalian gastric glands. They were restricted to the most part to the fundus region of the glands. In a 10  $\mu$  section one to three of these clear cells are seen in each fundus. They probably represent a second secretory type. Gibbs' method as described by Pearce ('60 p. 924) for the demonstration of argentaffin granules gave negative results.

The superficial cells including those of the crypts, also contain cytoplasmic granular material of a metachromatic nature. Pretreatment with ribonuclease removes only the material at the bases of the cells. The granules in the supranuclear position which were PAS and LTAS positive and strongly metachromatic were not affected by ribonuclease digestion. In the process of secretion, these granules undergo solubilization and apparently participate in the production of the material which collects in the apical poles of the secreting cell (fig 10). This material is hardly colored by basophilic stains and only slightly tinges with acid dyes. The freshly discharged material appearing as fine granules and spherules on the borders of the superficial cells is also refractory to basic stains but becomes strongly acidophilic after it hardens and becomes incorporated into the matrix of the horizontal striae. Also as this matrix is added the cellular debris of cells desquamating from the crest of the papilla-like projection between the crypts. This cellular debris contains both basophilic and acidophilic staining material (fig 12).

In addition to staining the elastic fibers of the tunica propria strongly and the basement membranes weakly aldehyde fuchsin (AF) stained the contents of the lumens of the simple glands and the columns in the crypts. The intensity of staining reactions at these sites paralleled those of the PAS and LTAS procedures, except that AF failed to stain columns in the secreted membrane.

A very striking positive response was seen in the side membranes and terminal bars of the secreting cells particularly

those of the superficial cells. These structures were stained very faintly by the PAS and LTAS methods. Aldehyde-fuchsin stained strongly the metachromatic granules of the superficial cells, but not the freshly discharged secretion of these cells.

Alcian blue which stained faintly the ground substance of the tunica propria and strongly the granules of mast cells, stained only the supranuclear granules of the superficial cells. The contents of the simple tubular glands the columns of secretion in the crypts and in the surface membrane of the substance of the horizontal striae all failed to stain, or at best gave only very weak responses.

**Protein reactions** All the carbohydrate reactive sites with the exception of the supranuclear granules of the superficial cells exhibited positive responses with the ninhydrin Schiff, Millon (tyrosine) Sakaguchi (arginine) and coupled tetrazonium reactions. The intensity of coloration in each instance paralleled in general those of the PAS LTAS and AF responses.

The hardened secretory product of the superficial cells which constitutes the substance of the horizontal striae of the covering membrane reacted positively with all the methods used to identify protein. This material is largely non-reactive to carbohydrate tests, although occasionally slight positive responses occur near the mouths of the crypts and immediately adjacent to the surface cells also slightly colored horizontal streaks alternating with non-colored layers are seen, perhaps some of the staining is due to cytoplasmic debris from the degenerated surface cells. See figure 16.

This histochemical behavior of the secretion product of the superficial cells raises the question of the role of the metachromatic and PAS positive supranuclear granules in the secretory process. It was pointed out earlier that the apical pole of the secreting cells is clear and free of granules but that the recently discharged secretion next to the border is composed of minute vesicles. In the fresh frozen material sectioned in the cryostat and examined with the phase contrast optics apparent that the cellular granules are transformed into globules which swell and collect at

the apical pole. As this process occurs they become refractory to the carbohydrate tests. However a membrane appears about each globule which reacts positively to the coupled tetrazonium arginine and DDD tests. These globules are apparently discharged from the cell by the apocrine method, and as they are compressed and condensed by secretory pressure they are gradually incorporated into the matrix of the horizontal striae.

Sulphydryl groups were demonstrated by the dehydroxy-dinaphthyl-disulfide (DDD) reaction at all sites that exhibited positive tests with the protein and carbohydrate reactions (table 1). Pretreatment with thioglycollate to reduce disulfide to sulphydryls revealed a greater intensity of staining of the secretion in the necks of the glands and the secretion columns in the crypts and the covering membrane which denotes the presence of disulfide at these sites (fig. 18). Localizing the disulfide groups by first blocking the sulphydryls by maleimide and then reducing the disulfides by potassium cyanide to sulphydryls before applying the DDD procedure also showed reactions in the secretions of the neck and in the secreted columns of the crypts and covering membrane.

Both sulphydryls and disulfides were found also by these procedures in the matrix of the horizontal striae but the intensity of the staining here was less than in the columns however the fragments of surface cell degeneration which produces the vertical streaks in line with the tips of the papilla processes showed fairly strong reactions (fig. 17). Sulphydryls but not disulfides were found in the basal cytoplasm of the cells of the tubular glands and the cells of the crypts and free surface.

**Other tests.** The Schultz cholesterol test was negative except for a slight reaction on the surface of the covering membrane which is colored by the adsorption of bile. Neither the substances of the membrane nor the presecretion substance was stained by Sudan black.

Very little phosphatase activity was demonstrable which indicates a very low metabolic and sluggish secretory activity perhaps of a cyclic nature. The only birefringent material demonstrated was found

deep in the covering membrane in the form of crystalline material, which appeared to be a calcium compound (fig. 13).

In addition to the histochemical tests described above some chemical characterization was attempted. The fresh covering membrane contains 41.8% moisture. Drying produces a brittle parchment-like membrane which swells and regains its former weight when placed in water. The membrane is not grossly soluble in acetone, alcohol, ethyl ether, nor does it dissolve in salt solutions. The membrane is rendered soluble by rather prolonged hydrolysis in strong acids or bases. Attempts to solubilize the membrane by enzymatic hydrolysis with proteolytic enzymes or with hyaluronidase were not successful.

Finely minced membrane was extracted repeatedly with boiling water, the extracts combined and treated with several volumes of alcohol to precipitate a white polysaccharide. This was present to the extent of approximately 8% of the fresh weight of the membrane. This material gave negative qualitative tests for pentoses and

but the naphthoresorcinol reaction showed the presence of a small amount of uronic acid. The presence of glycosamine was indicated by a positive Ehrlich's reaction with p-dimethylamino-benzaldehyde. N-acetyl-glycosamine was not present, as shown by no increase in the glucosamine reaction after hydrolysis. Sulfates were shown to be present in the material by the addition of barium chloride to a hydrolysate producing a copious precipitate of barium sulfate.

The membrane was hydrolyzed with 6-N hydrochloric acid, and the hydrolysate was examined qualitatively for amino acids. Millon's test for tyrosine was positive as was the Hopkins-Cole and the aldehyde tests for tryptophane. Sullivan test for cystine was positive and typical cystine crystals were isolated by isoelectric precipitation.

#### DISCUSSION

Historically the concept that the hard inner covering of the gizzard is a keratin-like secretion is based on the early studies of Hedenius (1892) and Cornelius (25). Curschmann (1866) in a still earlier re-

port referred to the lining as a cuticle or chitinous material, however Hedenius showed by chemical methods that it contained, unlike chitin, sulfur but in a low concentration (1.13%) than in horny substances. He therefore referred to it as a keratinoid layer, a term which has been generally adopted.

Cornelius in an excellent histological survey of the avian concluded that the so-called keratinoid layer unlike epidermal keratin is a secretion product of the gizzard glands. According to his observations the secreted keratinoid in the chicken as in other seed-eating birds consists of two secretions — one produced by the fundic portion of the gizzard glands, the other by the epithelium near the mouth of the glands. The former discharges its secretion into the lining in the secretion streams or vertical columns, the latter produces an intercolumnar substance which stains less intensely than columnar material. He also noted desquamated cells were added chiefly to the intercolumnar substance.

Our own histological observations are in general with this description of Cornelius except he seems not to have noted the similarity of the gizzard glands to typical gastric glands. Apparently what he termed the fundus represents the entire length of the simple gland tubules and the part that he refers to as near the mouth of the gland represents the crypts which are lined with the same epithelial type that covers the surface between the crypt openings. This is the cell type that produces the matrix of the horizontal striae (the intercolumnar substance of Cornelius). The chief site of cellular desquamation is the apex or crest of the papillae-like excursions of the mucosa between the crypts (fig. 8). The cellular debris is retained by the membrane and appears as vertical strands in the intercolumnar matrix paralleling the secretion column (fig. 17). This contains pyknotic and fragmented nuclei which stain with hematoxylin and the nuclear reaction also cytoplasmic debris which includes faintly metachromic granules and material staining with chrome alum hematoxylin, the latter indicating a cystine, the former an acid

mucopolysaccharide component (figs 9-11-12) It appears that at this site especially death overtakes cells still filled with secretory products. This feature is especially noteworthy as it suggests that the superficial cells elaborate both a mucopolysaccharide and a protein substance containing cystine. Apparently lining cells of a crypt move upwards and onto the free

This behavior requires a replacement by mitosis which is synchronized with the secretory processes. Since mitosis was seldom observed it would seem that  $\gamma$  and mitotic activity is cyclic and related to the degree of attrition of the

The accumulation and hardening of the secretion in upper gland and crypt regions and the layered appearance of the secretory product of the superficial cells, also indicate a very sluggish activity. The hardening of the secretion within the glands and crypts results in the formation of peg-like structures (fig. 8) which would tend to hold the membrane securely to the mucus during the grinding movements.

The histochemical analysis of the secretion of the tubular glands revealed only the presence of carbohydrates and proteins. There was a notable parallelism between the intensity of the carbohydrate and protein reactions at various levels of the secretory channels (table 1). The Sakaguchi (arginine) and coupled tetrazolium reactions as well as strong acidophilic stainings denote a rich content of basic amino acids. Staining with toluidine blue in the acid pH range gives variable results but no metachromasia was not seen. Neither olivary amylase nor hyaluronidase affected the outcome of the various reactions. These results identify the secretion as a carbohydrate-protein complex, presumably of the mucoprotein variety. Recently Leblond, Glegg and Eldinger ('57) analyzed by chemical methods materials not stained with the PAS reaction and found that they always contained galactose and fucose as well as hexosamine and probably sialic acid often mannose and rarely glucose. Most but not all of these residues carry freely reactive 1-2 glycol groups. Thus the degree of reactivity at any given histological site will depend not

only on the amount of carbohydrate present but also on the number of monosaccharide units combined to leave 1-2 glycol groups free to react.

The presence of metachromatic secretion granules in the lining cells of the crypts and free surface which are hyaluronidase and amylase fast, suggests that the carbohydrate moiety of the secretion is an acid mucopolysaccharide. A binding of the acid groups of the polysaccharide with the basic groups of the protein would explain the weak carbohydrate staining response of the horizontal striae the secretion product of these cells. Probably most of the hexosamine and uronic acid extracted from the mucus membrane by boiling water was derived from the substance of the horizontal striae, since histological sections treated with boiling water showed no appreciable reduction or PAS staining intensity of the secreted columns.

The demonstration of -SH- and -S-S groups bound to a protein rich in basic amino acids in the secretions of both types of epithelium in our opinion does not prove that the secreted covering is keratin. It is true that it resembles keratin in respect to hardness, resistance to proteolytic enzymes, insolubility in dilute acids and alkalies and organic solvents and a high content of basic amino acids. Undoubtedly the hardening is due to the binding of -S-S groups but the amount of cystine in the membrane is relatively small in comparison with the amount in keratin. Cystine is present in small amounts in most proteins and in some it is relatively high (neuro-secretion of the hypophysis and insulin). Also the water content of the membrane is much higher than in hard keratin, but most important is the fact that complex carbohydrates are combined with protein. A carbohydrate component is absent in pure keratin. These differences in our view establishes the non-keratin nature of the membrane. There is no specific histochemical test for keratin but the relative amounts of arginine and cystine as revealed by the histochemical tests are different, the arginine response being stronger in the secretion membrane and the cystine response weaker which would indicate dif-

ferent sequences of amino-acids in the two substances.

Furthermore Champetier and Fauré-Fremlet ('38) in an x ray analysis of so-called secreted keratins found that the roentgenograms of the gizzard membrane and shell membrane showed none of the characteristics of keratin. They behaved in regard to their fine structure as gammoids in the sense given that term by K. H. Meyer. Meyer (45) has also stated that many mucopolysaccharides and mucoids are quite effective inhibitors of proteolytic enzymes.

Hofmann and Pregl ('07) used the term "kollin" for this membrane for they found they were unable to recover cystine in pure form but could not prove it was absent, although if present it was only in a minimal amount, however. In our chemical analysis the Sullivan test for cystine was positive and typical cystine crystals were isolated by isoelectric precipitation.

Knaff-Lenz ('07) in a study of the di amino-acids of the membrane found that arginine is present in greater concentration than in keratin, and in our preparations the Sakaguchi reaction for arginine was more intense in the membrane than in hair. Moreover simple birefringence was not exhibited by either type of secretion whereas keratin and keratinizing substance shows strong birefringent properties.

By virtue of these differences we cannot agree with Aitken ('58) who concluded on the basis of some rather non-specific staining reactions that the material secreted by the gizzard glands is a form of hard keratin, although he found in the columnar cells of the free surface metachromatic granules which were stained with PAS and aldehyde-fuchsin and secreted material within the gland tubules and covering membrane which was PAS positive furthermore he even was unable to demonstrate sulphydryls by the ferric ferricyanide method except at the surface where a narrow line of reactive substance may be seen.

Luppa ('59) in a histochemical study of the glandular epithelium during the embryonic development of the gizzard glands found that in early stages the secretion is

metachromatic, but during later stages metachromasia is reduced at the same time that the intensity of the protein reaction increases. These changes are expected noted at the nineteenth day of incubation. Positive tests for protein bound -SH and -S-S- groups also made their appearance during the same incubation period. He believes that the loss of metachromasia is explained by the binding of the acid mucopolysaccharide group to the basic amino acids of the protein. He concludes that the so-called keratinoid layer consists of a hyaluronidase resistant acid polysaccharide protein complex with a cystine content.

In our preliminary report (Eglist & Knouff '57) we were of the opinion that the membrane was a composite of mucopolysaccharides secreted by the glandular epithelium and keratin derived from the accumulation of keratinized cells with desquamated from the surface epithelium. As the granular debris stained with chromalum hematoxylin, it is possible that the true keratin is derived in this manner. In the application of the DDD tests it was found that the matrix of the horizontal striae which contains the desquamated material in general shows lower cystine content than the secretion columns. We therefore agree in general with Luppa ('59) that the gizzard lining consists of a polysaccharide-protein complex containing cystine however not in the proportion found in keratin as the PFAS and PFAAS tests were negative.

This histological term cuticular membrane is more preferable than keratin membrane for this structure since the latter tends to convey a false chemical impression.

#### SUMMARY

The nature of the secretions of the glandular epithelium of the gizzard of the chicken has been studied by general and selective histological and by histochemical methods for demonstrating carbohydrates, proteins and lipids. Some chemical characterization was also attempted.

The hard inner covering of the membrane is a composite structure consisting of arrays of vertical columns or rods secreted by simple glandular tubules (2) and consisting of horizontal striae or lamellae.

secreted by the epithelial lining of the crypts and free surface. To the matrix is added desquamated surface epithelial cells which form vertical streaks between the arrays of columns.

The secretion of the simple tubular glands accumulates and hardens in the upper and neck portions and in the crypts to form rigid rods or columns which pass through the entire thickness of the lining. These hardened streams of secretion show moderate to strong PAS and LTAS responses and strong protein reaction including those for protein bound sulfhydryl and disulfide groups.

The crypt and surface epithelium representing a common type possess metachromatic supranuclear granules which are also PAS and LTAS positive. These cells produce the matrix substance of the horizontal striae. It displays negative to weak responses to the carbohydrate tests and moderate to strong responses to protein and protein bound sulfhydryl and disulfide groups.

It is concluded that the so-called keratinoid membrane consists of carbohydrate-protein complexes with a lower cystine content than that found in epidermal keratin.

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## PLATE I

### EXPLANATION OF FIGURES

- 1 Vertical section of the inner wall of the gizzard. A, secreted membrane; B crypts C glands D epithelial caps (*surface epithelium*) covering extensions of tunica propria between crypts; E, desquamated epithelial cells from epithelial caps. Formalin fixation. Frozen section. Hematoxylin and eosin.  $\times 73$ .
- 2 Mucosa of the gizzard. A, secreted membrane; B, secretion in gland lumens and in crypts. Formalin fixation. Mallory' connective tissue stain.  $\times 69$ .
- 3 Outer part of the secreted membrane. A, arrays of secretion columns; B dentate surface C horizontal striae; D granular debris from desquamated surface epithelial cells. Formalin fixation. Toluidine blue 0.5% aqueous solution.  $\times 295$ .
- 4 Cross section of lower portion of crypt containing eight distinct rodlets secreted by the gizzard glands. Formalin fixation. Mallory' connective tissue stain.  $\times 93$ .
- 5 Epithelial cell lining the crypt and covering the tunica propria extensions (*surface epithelium*) A, secretion of the gizzard gland in the lumen of crypt, B connective tissue of the tunica propria extensions between the crypts C, basophilic zone; D supranuclear secretion granules E, apical pole of the epithelial cell. The free surface of the epithelium is shown at the lower part of the figure. Formalin fixation. Toluidine blue 0.5%  $\times 1267$ .
- 6 ? arrow extension of tunica propria between the crypts showing common characteristics of crypt cells and cells of the epithelial cap. A, connective tissue of the tunica propria extensions between the crypts B basophilic zone, ribonucleic acid; C, apical pole; D secreted granules and globules. Formalin fixation. Hematoxylin and eosin. 125

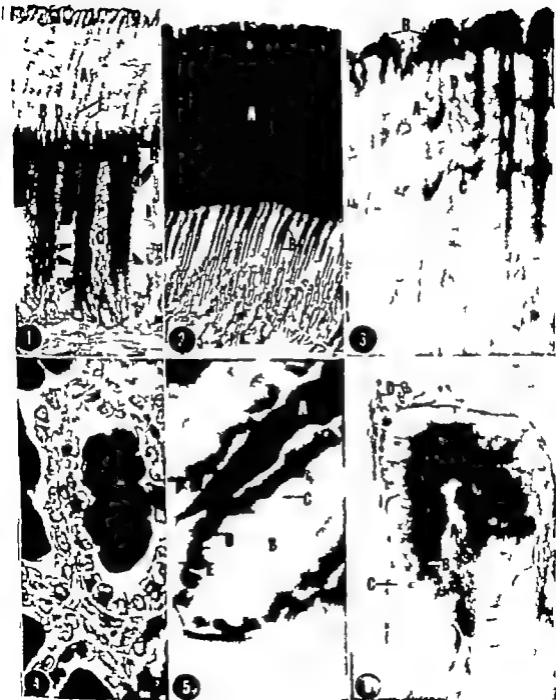
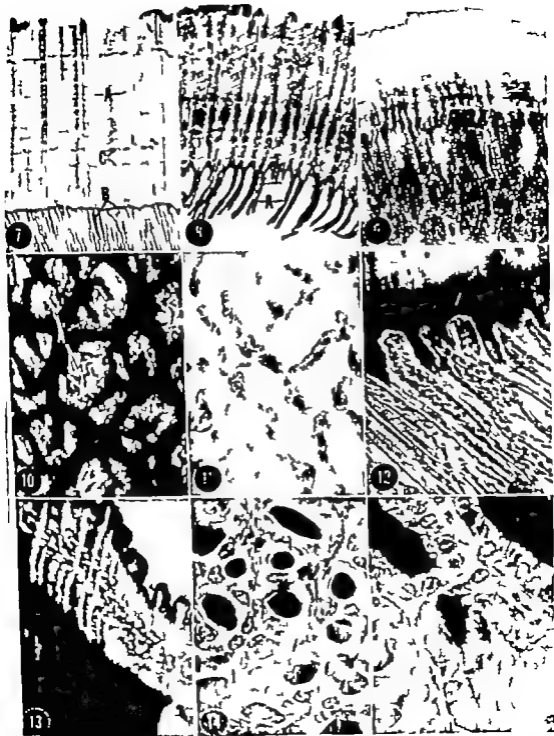


PLATE 2

EXPLANATION OF FIGURES

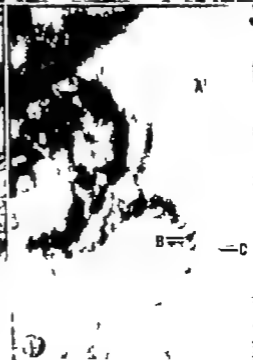
- 7 Secreted membrane and subjacent mucosa. A, secretion columns; B, surface and crypt epithelium with the secretion granules; C, horizontal striae. Formalin fixation. Toluidine blue 0.5%  $\times 71$
- 8 The secreted membrane detached from the underlying mucous membrane showing the hardened secretion in the mouths of the glands and crypts pulled away with the membrane. A, hardened secretion in the gland pulled out of the crypts and glands in detached membrane; the innermost horizontal stratum represents the most recently secreted material of the crypt and surface cells. Formalin fixation. Frozen section. Hematoxylin and eosin.  $\times 79$
- 9 Shows DNA of the nuclear debris of desquamated epithelial cells which are incorporated in the secreted membrane. Formalin fixation. Frozen section. Compare with figure 8  $\times 79$ .
- 10 Surface view appearance of the fresh untreated secreted membrane showing the areas of the secreted columns which project slightly above the general surface level. A, secretion columns.  $\times 172$ .
- 11 Transverse section of the secreted membrane. Light areas represent the secreted columns and the dark areas represent the cellular debris resulting from the desquamation of the surface epithelial cells. Formalin fixation. Hematoxylin and eosin.  $\times 297$
- 12 Vertical section of crypt region and adjacent secreted membrane. A, degenerating surface epithelial cells forming cap-like formations over the intercrypt tunica propria; B secretion of gizzard glands and its continuation through the crypt as secretory columns. Formalin fixation. Bargman modification of chrome alum hematoxylin stain.  $\times 430$ .
- 13 Vertical section of the secreted membrane showing birefringent particles and SH and -S-S- protein bound groups. Formalin fixation. Frozen section. Ferricyanide method of Chévezmont and Frederic.  $\times 86$ .
- 14 Cross section of the upper one-third of the tubular gizzard glands showing the dense acidophilic secretion. Note the resemblance in appearance to the small follicles of the thyroid gland. Formalin fixation. Mallory' connective tissue stain.  $\times 937$
- 15 Transverse section of the upper part of the crypt. Note the clear empty appearance of the apical secretory poles, resulting from the solubilization of the secretion granules. Formalin fixation. Mallory connective tissue stain.  $\times 937$  Compare with figures 5 and 6.

SECRETIONS OF THE GIZZARD GLANDS  
Irma Egbite and R. A. Knorr

## PLATE 3

### EXPLANATION      FIGURES

- 16 Vertical section of the mucosa including the secreted membrane showing the sites of carbohydrate complexes. Note (1) the strong positive reaction in the upper portions of the gizzard glands and their continuation into the less reactive secretion columns in the membrane; (2) the positive secretion granules in the crypt and surface cells and (3) the slightly positive horizontal striae alternating with non-reactive striae. Formalin fixation. Lead tetraacetate Schiff reaction.  $\times 100$
  
- 17 Vertical section of the crypt and adjacent secreted membrane showing strongly reactive protein sites. Note the strongly reacting secretion in the lumina of the tubular glands and crypts and their moderately reactive continuations in the secreted columns; also the moderately reactive cellular debris which continues outward from the surface epithelium. A secreted column; B cellular debris. Formalin fixation. Coupled Tetrazolium reaction.  $\times 430$ .
  
- 18 Vertical section of crypt region and adjacent secreted membrane. DDD reaction of Barnett and Seligman showing the sites of -S-S- and -SH groups. The dark colored areas indicate the presence of -S-S- and -SH groups. Formalin fixation.  $\times 430$ .
  
- 19 Vertical section of the intercrypt surface epithelium showing solubilization of metachromatic granules. A innermost stratum of the secreted membrane; B metachromatic granules; C, pical pole. Formalin fixation. Lead tetraacetate-Schiff  $\times 970$ .





# The Craniovertebral Veins and Sinuses of the Dog

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## INTRODUCTION

Comprehensive study of canine anatomy is a relatively recent development in veterinary science. The increased interest in anatomy and physiology of the dog has arisen not only from the heightened veterinary clinical interest in this species but also from the fact that it has become an extremely valuable subject for teaching and research in veterinary and human medical sciences.

The veins and venous sinuses of the cranium and vertebral column are structures of considerable importance from physiological and pathological standpoints. Thus far a comprehensive study of the canine craniovertebral venous drainage has not been recorded although portions of the system were studied and described more than 60 years ago. Hofman ('01) made an extensive comparative anatomical study of the veins of the brain and spinal cord of various representative vertebrates from *Pisces* to *Perissodactyla* including *Canis familiaris*. Zimmerman ('36) published a detailed account of the anatomy of the dura mater and the venous sinuses of the canine calvarium. Dräger ('37) reported anatomical studies of the canine longitudinal vertebral sinus and its relation to the venation of adjacent structures. Worthman ('36) also published an account of the canine longitudinal vertebral sinuses, including their importance as collateral venous channels. Padgett ('57) recorded comparisons between human and canine cranial venation in an excellent monograph on the embryonic and fetal development of cranial venation in man. The present study was conducted to prepare an integrated description of the craniovertebral venous drainage for a forthcoming text of canine anatomy. Recent increase of interest in this region of canine anatomy on the part of experi-

mental workers outside of the veterinary field prompted publication prior to completion of the comprehensive textbook.

## MATERIALS AND METHODS

The subjects used were 28 mongrel, mesocephalic individuals weighing 15 to 20 pounds, ranging from 6 months to 6 years in age. They were obtained from private owners who wished to dispose of the animals. Intravenous injection of a lethal dose of saturated magnesium sulfate solution caused immediate insensibility and death without struggle in all instances. Blood was extravasated in the moribund subject by trocarization of the carotid artery. The subject was preserved by perfusion with 10% formalin solution.

After embalming was complete the venous system was injected with pigmented latex solution. The injection was made into one *angularis oculi* vein, and directed toward the orbit. This technique resulted in the filling of all the central and peripheral veins as far as their proximal valves. The specific latex preparation used penetrated into minute venules and polymerized to form a tough resilient, detailed cast. The color was stable, resisting preservatives, alkali and acid treatments and clearing agents. In the first few specimens dissected, the arterial system was injected with differentially colored latex through the carotid artery to show the arterial and venous relationships of the craniovertebral circulation.

Illustrations by Marion Newson and Pat Barrow  
Division of Research Grants, National Institutes of Health, Public Health Service, Department of Health, Education and Welfare, Bethesda, Maryland  
New York State Veterinary College, Cornell University Ithaca, New York. Dr. Miller was Security Professor of Anatomy and Head of the Department of Anatomy, deceased, April 1952.  
Nonpareil Latex 871, E. I. DuPont de Nemours Corp., Rubber Laboratory. *Crataegus oxyphylla* is gratefully acknowledged.



Four of the dogs were dissected by manual methods alone. They afforded valuable information on the relation of the veins to the soft structures. However this approach often resulted in the destruction of the more delicate veins and the intraosseous veins and sinuses. In subsequent specimens when manual dissection reached the level of the bony structures the specimen was immersed in an aqueous solution of 10% hydrochloric acid (final concentration, 3.5% to 3.8% HCl). When the bones became leather like in consistency the specimen was washed free of acid and dissected further by hand. This minimized destruction of intraosseous veins.

To allow observation of the finer venous architecture without hazard of manual dissection ten specimens were macerated chemically. All structures peripheral to the cranial and vertebral musculature were removed. The specimen was then immersed in a lye solution (10 to 15%). For this technique specimens with large deposits of adipose tissue were found un- because the fat layers would stiffen superficially it was placed on a non-corroding wire screen and removed daily from the lye bath for debridement of the macerated tissue. This was best accomplished, without destruction of the finer latex casts by directing a low velocity jet of water on the area to be debrided. Maceration was discontinued before the intervertebral discs were destroyed. After maceration the specimen was placed in tap water. Over a period of several hours the preparation was slowly neutralized with 10% hydrochloric acid. After remaining in the neutralized bath overnight the specimen was rinsed several times with tap water and placed in a 10% hydrochloric acid decalcifying bath. Manual dissection was resumed when the bone could be cut easily with a knife.

The combination of maceration and decalcification greatly aided the study of venous architecture especially the intraosseous veins and sinuses. The relationships between the soft tissues and the veins were destroyed but these had been determined previously in the manual dis-

sections of the unmacerated specimens. Integration of the information gained by all the dissection techniques yielded a clear picture of anatomic relationships.

#### OBSERVATIONS

In the following descriptions the osteologic and neuroanatomical landmarks used to describe the course of vessels will not be defined. For information on these the reader is referred to Miller ('58 and '62), Ellenberger-Baum (43), Sisson and Grossman ('53) and Nickel, Schummerman and Seiferle ('54).

##### *Veins and sinuses of the cranium*

For convenience the cranial veins and sinuses are discussed as a dorsal group and a ventral group although these are not independent.

Lying along the internal parietal crest, enclosed by the dorsal folds of *falx cerebri* and extending from the foramen trapezoidale to the dorsal end of the ethmoidal crest is the *dorsal (superior) sagittal sinus*. Rostrally the sinus begins at the cribriform plate by one or two minute radicles that form in the osseous nasal septum. The sinus receives irregular tributaries along its length from the dorsal diploic circulation. Two regular emissary veins join the sinus at the rostromedial margins of the parietal bones. These veins serve the medial fronto-parietal regions exterior to the calvarium. Laterally and ventrally the sinus receives veins from the dorsal and medial surfaces of the cerebral hemispheres. The larger pair of these veins is found in the region of the lesser cruciate fissure of the brain, and the junction of these with the sinus may form a lacuna.

Rostral to the *foramen impar* the dorsal sagittal sinus receives the *straight sinus*. The proximal end of the straight sinus may form a large branched or circular lacuna in its junction with the sagittal sinus. The course of the straight sinus lies between the layers of the *falx cerebri* dorsal to the insertion of the latter on the *torus cerebelli*. The *straight sinus* is formed midway between the splenium of the corpus callosum and the *foramen impar* by the junction of three veins, two are veins from the medial regions of the right and left occipital lobes of the cere-

brum. The third is the large *great cerebral vein*. These veins lie together between the leaves of the *falk cerebri*, dorsal to the rostral half of its insertion on the tentorium cerebelli. At the rostroventral angle of the caudal attachment of the *falk cerebri*, the occipital cerebral veins converge from their origin in the occipital lobes. In this same area the great cerebral vein originates in the junction of the vein of the *corpus callosum*, the *internal cerebral vein* and the *thalamostriate vein*. The vein of the *corpus callosum* lies along the dorsal aspect of the *corpus callosum*, receiving tributaries from the ventromedial surfaces of the cerebral hemispheres and the cerebral choroid plexus. The *internal cerebral vein* receives tributaries from the dorsal mid-brain ventral to the *corpus callosum*. The *thalamostriate vein* serves the *thalamus* and *corpus striatum*. The *ventral (inferior) sagittal sinus* described by Zimmerman ('36) was not found in our dissections. Hints of a fine vessel could be seen in the ventral margin of the *falk cerebri*, but the existence of a vessel was not demonstrated by latex penetration.

After receiving the straight sinus the dorsal sagittal sinus enters the *foramen cecum* and joins the paired *transverse sinuses* in the *confluens sinuum*. The form of the *confluens sinuum* is variable. Lat-

eral to the *confluens sinuum* the *transverse sinuses* receive penetrating branches from the *occipital emissary vein*. The *transverse sinuses* lie in the *transverse canal* within the *internal occipital protuberance*. At the lateral orifices of the *transverse canal* on each side the *transverse sinuses* join three venous sinuses. Two tributary veins are also received at this confluence one is the *occipital diploic vein* which drains the caudolateral region of the parietal bone. The second tributary is the *lateral branch* of the *occipital emissary vein* which enters at the *supramastoid foramen* to join the dorsal extremity of the *sigmoid sinus*. The *occipital emissary vein* drains the nuchal area exterior to the occiput; the right and left veins anastomose medially caudal to the external occipital protuberance.

The three sinuses which join the *transverse sinus* at its lateral extremity are the *temporal sinus*, the *dorsal (superior) petrosal sinus* and the *sigmoid sinus*. The *temporal sinus* is an efferent vessel which courses in a rostral-ventral direction in the *temporal groove* and *temporal canal*. It leaves the skull at the *postglenoid foramen*, where it becomes the *retroglenoid vein*. After a short course it joins the *internal maxillary vein*.

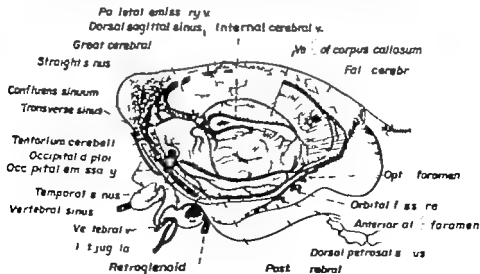


Fig. 1 Lateral view of major dorsal cranial venous channels; right half of dorsal calvarium and right cerebral hemisphere removed.

The dorsal petrosal sinus courses in the membranous *tentorium cerebelli* along the medial surface of the pyramid of the petrous temporal bone caudoventral to the petrosal crest, arising from the area between the caudolateral surface of the midbrain and rostral medial surface of the cerebellum. It is formed by branches from the caudal, lateral and dorsal midbrain and the rostral region of the cerebellum including the vermis. These branches anastomose freely with their opposite vessels both rostral and caudal to the diencephalon. The tributaries of the dorsal petrosal sinus are longer and ramify more extensively than any other intracranial veins. On both sides a minute anastomotic branch of the dorsal petrosal sinus may be found along the crest of the pyramid contained in a minute osseous canal along the ventral half of the crest, joining the cavernous sinus ventrally. The regularity of this anastomotic branch has not been ascertained. Near junction with the transverse sinus the dorsal petrosal sinus receives the *caudal cerebral vein* which divides in two branches from the lateral

of the cerebrum. The dorsal is received from the lateral temporal region of the cerebrum. The ventral branch courses along the base of the squamous temporal bone receiving branches from the ventrolateral aspect of the cerebrum. The dorsal and ventral branches of the caudal cerebral vein may join before entering the dorsal petrosal sinus or may join the sinus separately a short distance before its termination. The *sigmoid sinus* lies caudal to the petrous temporal bone and courses ventrad to the jugular foramen. Before entering the jugular foramen the sigmoid sinus (1) receives a group of small veins which ramify to serve the dorsal and caudo-dorsal cerebellum, the caudoventral cerebellum the choroid plexus of the fourth ventricle and the ventral region of the medulla and (2) joins the rostral end of the condyloid vein before it enters the rostral end of the condyloid canal. The sigmoid sinus ends in the jugular foramen in its anastomosis with the ventral petrosal sinus the internal jugular vein and the vertebral vein. These latter structures are described in the following

#### Ventral veins and sinuses of the cranium

The large paired *cavernous sinuses* can be considered the central structures of the ventral cranial venation. They lie on either side of the floor of the middle cranial fossa, from the rostral orifices of the petrosal canals to the orbital fissures. Centrally they communicate through the orbital fissures with the orbital venous plexuses. Ventrolaterally branches from the cavernous sinuses communicate through the oval and round foramina with the veins lying in the alar canals. Caudally the cavernous sinuses communicate with the ventral petrosal sinuses which lie within the petrosal canals. Two connections of the cavernous sinuses, the intercavernous sinuses are present. The larger *caudal intercavernous sinus* lies caudal to the dorsum sellae the *small rostral intercavernous sinus* lies between the dorsum sellae and the hypophysis. Occasionally a fine vein connects the rostral ends of the cavernous sinuses.

The cavernous sinuses do not receive tributaries from the ventromedial region of the cerebrum. They serve to connect intimately the orbital venous plexus with the intracranial circulation. The *ventral (inferior) petrosal sinus* on each side extends from the caudal end of the cavernous sinus through the ventral petrosal sinus (petrosal) canal to the jugular foramen at which point it anastomoses with the sigmoid sinus. The ventral petrosal sinus also gives off a vein which traverses the carotid canal to join the internal maxillary vein.

The *condyloid veins* represent the ultimate cranial extensions of the longitudinal vertebral sinuses. The former originate on each side from the base of the sigmoid sinus and course caudad through the condyloid canal, receiving a branch through the hypoglossal canal. Caudally to the condyloid canal these veins become the *ventral occipital sinuses* which traverse the foramen magnum to the floor of the vertebral canal, where they become the *longitudinal vertebral sinuses*.

The ventral occipital sinuses are connected by dorsal and ventral *interoccipital sinuses*. The ventral interoccipital sinus is a relatively wide flat sinus which be-

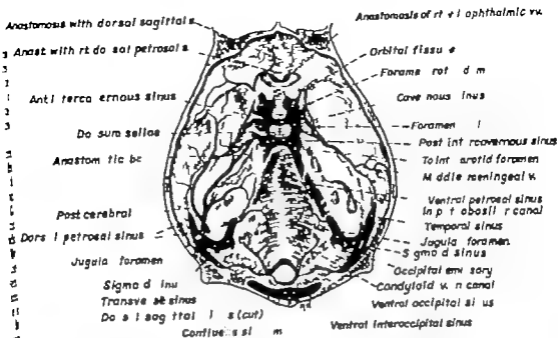


Fig. 2. Dorsal view showing position of major venous channels; dorsal calvarium and brain removed.

along the base of the occipital bone on the edge of the foramen magnum. The rostral and caudal edges of the ventral interoccipital sinus are irregular sometimes fibriate. The dorsal interoccipital sinus is not present in all specimens. When present it consists of fine channels or a network of vessels arching along the dorsal aspect of the foramen magnum, and usually co-extensive with the dorsal internal plexus of the atlas.

The return of blood from the cranial veins and sinuses towards the heart involves a number of routes. The ophthalmic veins have many junctions with the cavernous sinus via the orbital plexus and with the deep facial and angular veins which are tributaries of the external maxillary veins. The internal maxillary veins receive the retroglenoid vein and also the deep temporal veins which form anastomoses with the veins of the orbit. The middle meningeal vein, separate from the principal cranial venous system, also drains into the internal maxillary vein. Therefore by means of the numerous anastomoses of its tributaries with the cerebral veins the external jugular vein ap-

parently carries a major share of the cranial venous drainage.

The veins other than the external jugular system which receive blood from the brain are (1) the longitudinal vertebral sinuses which are relatively large channels, (2) the vertebral veins moderately large vessels which continue as the cervical vertebral veins, and (3) the small internal jugular vein. The latter is commonly supposed to have its cranial termination at the level of the thyroid. However in all specimens carefully dissected as well as the macerated specimens the internal jugular was found to originate in the jugular foramen in anastomosis with the sigmoid sinus ventral petrosal sinus vertebral vein, and a vein from the hypoglossal canal. The internal jugular vein leaves the jugular foramen in company with the vertebral vein, and proceeds caudad. From the cranial cervical region it proceeds in the sheath of the carotid artery to its termination in junction with the external jugular or brachiocephalic vein.

The general architecture of the cranial venation of the dog is similar to that of man. However marked differences in relative size of homologous structures exist.

The internal jugular in man is the largest vein draining the head in contrast to its almost vestigial nature in the dog. In the dog the temporal sinus by reason of its relatively large size receives a considerable portion of the dorsal cerebral venous blood. Only a vestige of the temporal sinus remains in man. The external jugular vein receives most of the cranial drainage in the dog the internal jugular in man. Other variations occur but those cited above seem to be of greater functional importance.

#### Veins and sinuses of the vertebral column

Although the internal veins of the vertebral column are continuous with the cranial venation description is facilitated by separate treatment. The largest, and most extensive vessels are the paired longitudinal vertebral sinuses which arise cranially as extensions of the ventral occipital sinuses. They extend caudally through the foramen magnum and along the floor of the vertebral canal, ventral to the spinal

cord. The vertebral sinuses are large flattened veins through the cervical, thoracic and lumbar regions. They decrease rapidly in size in the sacral region and terminate in fusion at the level of the fourth fifth or sixth coccygeal vertebra. The sinuses are multicirciform in that they diverge as they approach the intervertebral foramina but approach each other closely midway along each vertebra, where each receives a basivertebral vein arising from the vertebral body. Occasionally anastomoses between the sinuses occur at the exits of the basivertebral veins but the number and location of these anastomoses is inconstant. At each intervertebral junction an intervertebral vein arises from each longitudinal sinus and leaves the vertebral canal through the intervertebral foramen.

The intervertebral veins, on emerging from the intervertebral foramina, receive many small veins from the muscles and other tissues lateral and dorsal to the vertebral column. In addition they receive small veins from the dorsal external

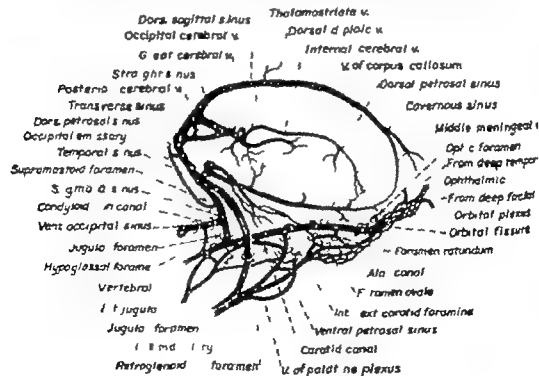


Fig. 3. Semi-diagrammatic representation of cerebral venous drainage; intracranial channels and connections to major effluent sinuses are shown.

1. *vertebral venous plexus* which forms a network around the dorsum of the vertebral column. The dorsal external vertebral venous plexus together with the veins from the structures lateral and dorsal to the vertebral column form an extensive paraxial plexus. This has many anastomoses with the tributaries of the peripheral veins which drain the paraxial region.

2. The intervertebral veins also receive small tributaries from the ventral surface of the body of the vertebra. These small veins anastomose ventrally and form the *ventral external vertebral venous plexus*.

3. This is not extensive: usually only one small vein encircles the cranial end of the vertebral body and receives venules from it. It is joined ventrally by an unpaired median vein which receives many radicles from the vertebral body.

4. Within the vertebral canal the vertebral sinuses receive, at the intervertebral junctions, the spinal veins which drain the spinal cord. Our injections did not fill these veins. But the plan so far as we were able to determine resembles that of man. The dorsal ventral spinal veins drain into a radicular vein which follows the nerve root to the intervertebral region, and there joins the longitudinal vertebral sinus.

At the intervertebral region a small vein stems from the longitudinal sinus and courses dorsad along the interior of the vertebral arch. This transverse branch is joined to the opposite transverse branch at the apex of the internal vertebral arch. Eilenberger and Baum (43) name the combination of transverse branches the arcuate vein. We have found in our specimens that this internal dorsal venous plexus is usually incomplete between the fifth and seventh cervical vertebrae, and also between the ninth thoracic and seventh lumbar vertebrae. Small transverse branches are present, but are not complete dorsally. Perhaps the entire arch was present in these regions but our techniques did not effect the injection of the small vessels completing the arc. The transverse branches were not found in the coccygeal region. The vessels forming the internal dorsal plexus are generally flattened dorsoventrally. They are relatively large in the cervical and thoracic regions

At the axio-atlantal and the atlanto-occipital joints they are especially massive and form arcuous retes joining the longitudinal vertebral sinuses across the vertebral arch.

The veins of the *internal dorsal vertebral plexus* did not arise regularly from the longitudinal vertebral sinus especially in the cervical and cranial thoracic regions. Instead, they joined the intervertebral vein within the intervertebral foramen or close to the origin of the latter vessel from the longitudinal sinus. Another minute but noteworthy observation on the termination of the dorsal internal vertebral veins was that they frequently divided before joining the longitudinal vertebral sinus or the intervertebral vein, thus surrounding the exit of the spinal nerve. In the cervical region the spinal ganglia lay in these orifices in a cushion of veins. In the thoracic region and caudal this venous ring occurred less regularly.

Wherever the dorsal internal venous arch was complete, veins left it dorsally, pierced the ligamentum flavum, passed between the margins of adjacent vertebral arches and anastomosed with the dorsal external vertebral plexus. In the cervical and lumbar regions a perforating vein left the vertebral canal on either side between the articular process and base of the spine. In the thoracic region, these interspinous branches arose together beneath the base of the spinous process. They either fused or coursed together directly dorsal, between the adjacent spinous processes to the tips of the spines. Lateral branches were given off along their course to the external dorsal vertebral plexus. The perforating branches in the sacral region left through the dorsal sacral foramina.

To recapitulate the dog like the human has four general vertebral plexuses; dorsal internal, ventral internal dorsal external and ventral external. The dorsal and ventral external follow the same general plan as in man. There are some differences between man and dog in the internal vertebral plexus arrangement. In man dorsal internal branches meet the longitudinal vertebral sinus through the floor of the vertebral canal and also receive blood from the basivertebral sinuses. These transverse branches are usually absent in the dog and the basivertebral sinuses in the lower

longitudinal sinuses directly although basivertebral veins anastomose under the longitudinal ligament or within the body of the vertebrae. Also, in man two retia extend along the dorsum of the vertebral canal, from the foramen magnum to the coccyx, join the transverse branches. We did not see evidence of such retia in the dog.

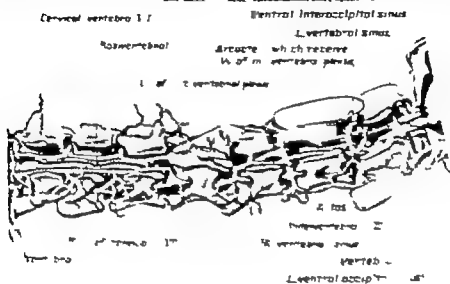


Fig. 4. Vertebral venous channels, cervical region.

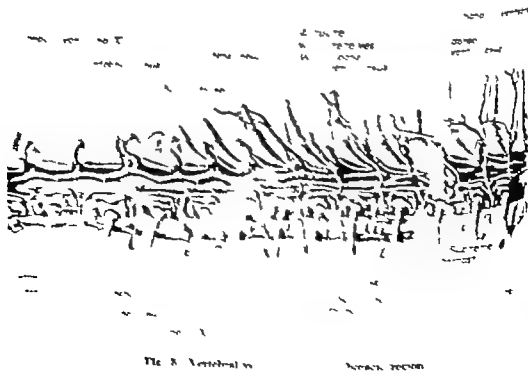


Fig. 5. Vertebral venous channels, thoracic region.

*Systemic veins draining the vertebral regions*

The cervical vertebral region is drained principally by the vertebral veins. From the jugular foramen the vertebral vein of each side courses ventral to the occipital condyle and passes to the ventral atlantal fossa. Here each divides into two branches. One the intervertebral vein of the atlanto-occipital joint, turns dorsad, curves around the alar notch to the dorsum of the atlantal ring, bends medially and passes through the intervertebral foramen of the atlas, to join the internal venous plexus. The main stem of the vertebral vein continues through the transverse foramen of the atlas. Within the transverse foramen, a small vein leaves the vertebral vein and runs medially through a small canal in the wall of the atlas to join the internal vertebral plexus. At the caudal opening of the transverse foramen of the atlas two veins are received by the vertebral vein: one from across the dorsum of the atlas through the intervertebral foramen, and the other the intervertebral vein from the atlanto-axial joint. The vertebral vein then proceeds caudad to the transverse foramen of the axis. Here it receives the second cervical intervertebral vein at the atlanto-axial junction. The vertebral veins course caudad through transverse foramina of the succeeding cervical vertebrae

receiving the intervertebral veins at the intervertebral spaces. They continue ventrad to the transverse processes of the seventh cervical vertebrae, and join the *costocervical veins* which enter the precava. The vertebral veins collect blood directly from all of the cervical intervertebral veins. The costocervical veins collect the flow from the first, second and third thoracic intervertebral veins by the intercostalis suprema branches.

The *azygos vein* takes up vertebral drainage from the fourth thoracic intervertebral vein to the second lumbar intervertebral vein. The fourth and fifth thoracic intervertebral veins are connected by anastomotic vessels which run caudad in the spaces ventromedial to the costal tubercles to join the azygos vein. The intervertebral veins from the fifth to twelfth thoracic vertebrae, receive the intercostal veins and then drain into the azygos vein. The first lumbar intervertebral veins drain directly into the azygos vein. A small anastomotic branch of the azygos vein runs caudad along the base of the vertebral column to anastomose with the lumbar vein from the postcava. This anastomotic vein receives the second lumbar intervertebral veins. The lumbar intervertebral veins three to five are drained by the *lumbar branches* of the postcava. Caudal to the sixth lumbar vertebrae the lumbar and



Fig. 8. Vertebral venous system, lumbar, sacral, and



sacral intervertebral veins are received by tributaries of the *internal iliac veins*. The small *ventral median coccygeal vein* receives the coccygeal intervertebral vein before joining the middle sacral vein. The latter joins one or both of the internal iliac veins.

#### DISCUSSION

Although the canine cranial venous system is closely integrated and continuous, four major drainage areas can be discerned: (1) Cranial, served mostly by the internal maxillary vein, draining into the external jugular (2) Cervical, served primarily by the vertebral veins which join the costocervical veins draining into the precava (3) Thoracic served primarily by the azygos vein, and (4) Lumbosacral-coccygeal, which drains into the iliac and lumbar veins. However the entire cranaxis is served by an intercommunicating system of internal sinuses and veins which could serve to redistribute flow should the drainage be interrupted regionally external to the cranaxis. The collateral circulatory potential of the longitudinal vertebral sinuses has been explored by Worthman ('56). Anastomoses of the veins serving the brain are particularly complex and abundant. Experimental isolation of drainage from small circumscribed areas of the brain might pose difficult technical problems. Since the craniovertebral venous drainage is unvalved and closely associated with that of surrounding tissues, considerable potential exists for hematogenous extension

of infection or neoplasia into the cranial and axial spaces from surrounding tissues. (Watson, 40 Worthman '56.)

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**PLATES**

PLATE 1

EXPLANATION OF FIGURES

Injected specimens, showing major effluent veins of cranium.

AOV Angularis Oculi Vein  
DFV Deep Facial Vein  
DTV Deep Temporal Vein  
EMV External Maxillary Vein  
LJV Internal Jugal Vein

IMV Internal Maxillary Vein  
PgV Retroglenoid Vein  
VV Vertebral Vein  
OV Occipital Vein

## THE CRANIOFACIAL VEINS AND SINUSES OF THE DOG

Karl R. Peckhard, Malcolm E. Miller and Howard E. Evans



## PLATE 2

## EXPLANATION OF FIGURES

Injected decalcified specimen, deviated lateral view dorsal right calvarium removed

AOV A. gularis Oculi Vein  
 CS, Confluent S<sub>1</sub> m  
 DCV Dorsal Cerebral Veins  
 DFV Deep Facial Vein  
 DS, Dorsal Sagittal Sinus  
 DTV Deep Temporal Vein  
 EAV External Maxillary Vein  
 FV Facial Vein  
 JLV J. lerna J. gular Vein  
 IMV Internal Maxillary Vein

ODV Occipital Diploic Vein  
 OEV Lat. Occipital Emissary Vein (lateral)  
 OEV Med. Occipital Emissary V In (medial)  
 OV Occipital Vein  
 PEV Parietal Emissary Vein  
 PGV Retrograde Vein  
 Tms, Temporal Sinus  
 Trg, Transverse Sinus (right)  
 VV Vertebral Vein

THE CRANIOFEMORAL VEINS AND SINUSES OF THE DOG  
 Karl R. Eichard, Malcolm E. Miller and Howard E. Evans



## PLATE 3

## EXPLANATION OF FIGURES

1 Ectod, decalcified specimen dorsal view right half of calvarium removed.

AOV Angularis Oculi Vein  
 DCV Dorsal Cerebral Veins  
 DSS, Dorsal Sagittal Sinus  
 DT, Deep Temporal V. In  
 IMV Internal Maxillary Vein

OEV (Lat.) Occipital Embiary Vein lateral  
 OV Occipital Vein  
 PEV Parietal Embiary Vein  
 T.S, T. anastomosis Sinus





## PLATE 4

## EXPLANATION OF FIGURES

Injected, decalcified specimen, 1 lateral view dorsal calvarium and zygoma removed.

AOV Angularis Oculi Vein  
 CS, Condure Sinus  
 DfV Deep Facial V In  
 DSS, Dorsal Sagittal Sinus  
 DTV Deep Temporal Vein  
 EMV External Maxillary Vein  
 FV Facial Vein  
 ICV Internal Cerebral Vein  
 V Internal J gular Vein  
 IV Internal Maxillary Vein  
 JV Occipital Diploic Vein

OEV l t. — Occipital Embicary Vein (lateral)  
 OEV med. — Occipital Embicary Vein  
 (medial)  
 OrPI, Orbital Plicae  
 OV Occipital Vein  
 PjV Retroglenoid Vein  
 SIS, Straight Sinus  
 ThV Thalamostrate Vein  
 TrS, Transverse Sinus  
 VCC Vein f Corpus Callosum  
 VV Vertebral Vein



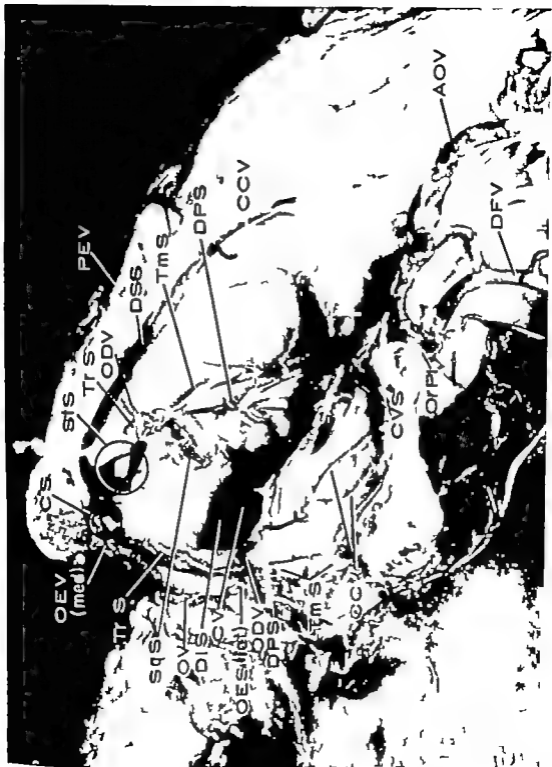
## PLATE 5

## EXPLANATION OF FIGURES

1 fixed, decalcified macerated specimen dorsolateral view right half of dorsal cal artium and zygoma removed.

AOV Angularis Oculi Vein  
CCV Caudal Cerebral Vein  
CS Confluens Sinuum  
CV Condylar Vein  
CVS Cervicous Sinus  
DFV Deep Facial Vein  
DIA, Dorsal Interoccipital Sin  
DPS, Dorsal Petrosal Sinus  
DSS Dorsal Sagittal Sinus  
ODV Occipital Diploic Vein

OEV 1 t. — Occipital Emissary Vein (lateral)  
OEV med. — Occipital Emissary Vein  
(medial)  
OrPA, Orbital Plexus  
OV Occipital Vein  
PEV Parietal Emissary Vein  
SgA, Sigmoid Sinus  
StS, Straight Sinus  
TmsB, Temporal Sinus  
TrS, Transverse Sinus





# Continuities Between the Plasma Membrane and the Sarcoplasmic Reticulum in Crayfish Stretch Receptor as Revealed by Reconstructions from Serial Sections<sup>1</sup>

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In recent years there has occurred a considerable revival in interest in the reticular structure of muscle, clearly described by Veratti in 1902. This has been due primarily to its rediscovery by electron microscopists who have named it the sarcoplasmic reticulum in analogy with the endoplasmic reticulum of other cell types. The history and present views of the structure and function of this system have recently been admirably reviewed in J. Blochem. Biophys. Cytol., 1: 10 no. 2 Suppl.

Functionally the reticulum is thought to be involved in connecting the primary event in muscle excitation, membrane depolarization, with the final event, muscle contraction. This process is referred to as excitation-contraction coupling. This hypothesis, first suggested from the work of F. Huxley and co-workers ('58) rests on three primary assumptions: (1) that the plasma membrane of the muscle fiber and the membranes of the sarcoplasmic reticulum (SR) are electrically continuous; (2) that a depolarization wave can spread along the SR membranes and (3) that the SR membranes can initiate the chemical processes of muscle contraction. In this paper evidence will be presented in support of the first assumption for the stretch receptor muscles of the crayfish.

In a previous communication (Peterson and Pepe '62) incomplete evidence was presented that in the stretch receptor muscles of the crayfish the plasma membrane component of the sarcolemma (Mauro and Adams '61) is continuous with the sarcoplasmic reticulum. However this was

an interpretation, and the point could not be proven from examination of single sections with the electron microscope. Since then serial sections have been examined and reconstructions of the SR made from them. It is primarily this new evidence which will be presented here.

## METHODS

**Specimen preparation.** The crayfish used, *Orconectes virilis* were obtained from Wisconsin and kept in the laboratory until needed. It was found that they could be maintained for several months in a common fresh water aquarium and being scavengers would eat nearly anything. The abdominal stretch receptors were dissected out, fixed, dehydrated, and embedded by essentially the same method as previously described (Peterson and Pepe '62). Two major modifications were made to facilitate study of the sarcoplasmic reticulum of the muscles. To the fixing fluid (1.5% OsO<sub>4</sub> buffered to pH 7.4 with 0.2N cacodylate) was added CaCl<sub>2</sub> to a concentration of 0.1M. Although the concentration of calcium in crayfish physiological saline (van Harreveld, '36) is 0.013M, increasing this to 0.1M added considerable contrast to the sarcoplasmic reticulum membranes (as well as most of the other membranes). To increase further the contrast of the specimens they were stained on the grid for 20-30 minutes with lead hydroxide according to Watson ('58) and Peachy ('59). For the staining of serial sections it was necessary first to modify

<sup>1</sup>This investigation was supported by U. S. Public Health grant RG-331.

At the suggestion of Dr. Jean Paul Revel of Harvard University.

the method to insure grids free of lead carbonate crystals as one crystal in the wrong place could make useless a whole series of sections. Crystals of lead carbonate were removed by washing with warm CO free water for 1-2 minutes.

The sections were cut on an LKB 4800 ultratome with glass knives and were gray to silver in color. Some difficulty was encountered finding grids suitable for supporting the serial sections. At first copper grids with a single 600 micron hole were tried, but no matter what combination of parlodion formvar and carbon was used, the embedding material, Araldite would sublime under the electron beam. This produced serious disruption of morphology. This problem was solved by the use of EFFA bar grids (No. 2201)<sup>5</sup> with a thin layer of parlodion and carbon. Using these methods seven series of cross sections ranging from 18 to 35 sections per series were prepared and photographed. Micrographs were taken on an RCA EMU-3C electron microscope at an original magnification of 13 000 diameters.

**Reconstructions** The method used for the reconstructions is as far as is known to the author a new one and will herefore be described in detail. The aim of the reconstructions was to establish whether or not (1) the SR is continuous with the plasma membrane and (2) whether or not the SR forms a continuous system at least from the plasma membrane past the adjacent row of myofibrils. To achieve these aims a considerable amount of accuracy was needed in that errors of 100-200 Å could give misleading results. The classical methods dependent upon reconstruction with wax or lucite sheets although tried were rejected because of insufficient accuracy.

The method finally arrived at is essentially a graphic one. It consists of two steps. First parallel lines are drawn on a piece of tracing paper the distance between the lines corresponding to the thickness of the sections (in this case 2 mm apart for 350 Å sections) and the number of areas bounded by the lines corresponding to the number of sections in the series. A single line is then drawn perpendicular to these lines to represent the plasma

membrane. The space between the first two lines on the tracing paper is then lined up over a row of the vesicular profiles on the electron micrograph with the line representing the plasma membrane coincident with the plasma membrane at the point where it is intersected by the bounded area. Wherever there is a vesicular profile within the line-bounded area the area is inked in. This process is then repeated for the next section in the series utilizing the adjacent area of the tracing paper until all the micrographs in the series have been plotted. This procedure results in a reconstruction of the SR to depth i.e. an ideal longitudinal section exactly through the plane of the SR. Typical reconstructions are shown in figures 1 and 2.

From the fact that this is essentially a two-dimensional reconstruction method it follows that when the SR sheet is curved as in C in figure 7 a modification must be made to account for this variation in the third dimension. This is taken into account by simply curving the lines on the tracing paper to correspond to the curve of the SR. This modified reconstruction is shown in figure 3.

There are two errors which may be introduced into this method. The first arises from the fact that when the line-bounded area on the tracing paper is lined up over the string of vesicles, one is using the structure to be reconstructed (the SR) as a reference mark for aligning the tracing paper. This means that if the strings of vesicular profiles in adjacent sections did not actually coincide with one another the method would make them look as though they did. It was found that this was not the situation by drawing the plasma membranes several strings of vesicles and the mitochondrion in the series shown, onto clear glass plates. When the plates were placed on top of one another using an internal reference point independent of the vesicles under examination it was found that the strings of vesicles were coincident from section to section.

The second error is due to the fact that in most cases the sections were not thick-

<sup>5</sup> Available from Ernest F. Fullam, Inc. P.O. Box 444 Schenectady New York.

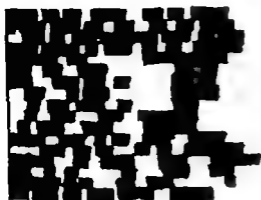


Figure 1

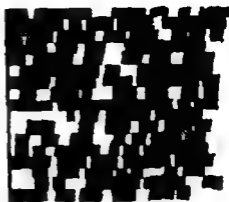


Figure 2

Fig. 1 A reconstruction, made by the method described in the text, of area A (fig. 7) as it continues from figure 7 through figure 24 (part of the reconstruction is based upon another series of micrographs which show this area more fully). In all of the reconstructions the dark areas indicate the tubules or sheets of the sarcoplasmic reticulum. The dark solid line on the left indicates the plasma membrane. From this it may be seen that the sarcoplasmic reticulum is irregularly continuous with the plasma membrane at four places. From top to bottom the reconstruction corresponds to about  $0.6 \mu$  longitudinally along the muscle fiber.

Fig. 2 A reconstruction of area B (fig. 7). It may be seen that the sarcolemma is continuous with the plasma membrane at five different places.



Fig. 3 A reconstruction of area C (fig. 7). As may be seen in figure 7 the sarcoplasmic reticulum in this area is curved forming the arc of circle. Thus, for the reconstruction, the guide lines representing the serial sections were drawn with the same curve. The continuity of sarcolemma and plasma membrane is again evident. Here it may be seen that occasionally there are invaginations of the plasma membrane which are not continuous with the sarcoplasmic reticulum (arrow).



than the width of the SR sheet. This means that the individual tubules may not be continuous completely through the section. However it must be assumed in any reconstruction method so far developed, that the structure is continuous through the section. It is for this reason that a reconstruction method must be only an approximation rather than an exact replica of the structure. This error can be reduced by using sections as thin as possible, but cannot wholly be eliminated.

On the other hand, this graphic method does offer one main advantage in accuracy over previous methods. It is essentially a one step operation involving simply tracing directly from the micrograph. Methods relying on wax or lucite plates involve at least four steps; tracing the structure onto the plate cutting it out, putting the plates together and then, invariably a certain amount of smoothing out of rough surfaces. At each of these steps some accuracy is sacrificed until by the time the reconstruction is smoothed out it may have relatively serious defects. Thus it is felt where considerable accuracy is required as in this study the method used is the method of choice whenever it is applicable. There is the additional advantage over plate reconstructions of ease and speed of application.

### RESULTS

The general form of the SR in the fast RM 2, Florey and Florey '55) receptor muscle of the crayfish can be seen in longitudinal section in figures 4 and 5. The SR forms a delicate reticulum of tubules and vesicles surrounding each myofibril. The membranes of the reticulum are represented by smooth agranular electron dense lines about 75 Å wide (the same width as the plasma membrane). No unit membrane was resolved in this study. As can be seen in figures 4 and 5 the reticulum is regular along the myofibril, and shows no interruptions along the sarcomere corresponding to dyads (Smith '61) or triads (Porter '58). Also no evidence of intermediary vesicles (Porter '58) or separate transverse tubular systems was noted. In this respect it seems to be a somewhat less differentiated

or specialized system than that found in most muscles to date (except Arthropods, Peachy '61).

Figure 6 illustrates the form of the reticular system in cross section through the muscle. Again the reticulum may be seen forming a discontinuous sleeve around each myofibril and in addition it may be observed that the SR about each myofibril has connections with that surrounding adjacent myofibrils. These connections between adjacent sleeves do not seem to be confined to any particular part of the sarcomere but appear to be frequent and at random. The series of sections of which figure 6 is a member show that the SR appears to form a continuous system throughout the muscle fiber and in close proximity to each myofibril.

It now remains to describe the relationship of the SR to the plasma membrane. In the cross section in figure 7 it may be seen that at various places the SR between the myofibrils approaches close to the plasma membrane. In several places (as marked arrows) there seems to be some sort of relationship between the two. It was suspected that this relationship might be one of membrane continuity between the plasma membrane and the SR, and it was to investigate this point further that the serial sections were made (Figs. 7 through 24). As can be seen in figure 7 there are at least 8 areas of interest (as rows) which can be followed through the series of sections. Three of these A, B and C were chosen for reconstruction analysis by the method described (Figs. 1, 2 and 3 respectively). Unfortunately area A is not shown throughout this series. Its complete reconstruction depended in part upon another series of micrographs which more fully included this area.

From the reconstructions it may be seen that the SR is in the form of what might be described as either anastomosing tubules or fenestrated sheets. Probably the reconstruction method would tend to emphasize the sheet-like character so that anastomosing tubules would be a more apt term. However the system is sheet-like in that important variations occur in two dimensions only the width of the sheet being quite constant at about 250 Å.

The question regarding the relationship between the plasma membrane and the SR may be posed as follows: are there two discontinuous systems one consisting of small infolded areas of the plasma membrane and a second consisting of SR, or is there a single system composed of SR which is continuous with the plasma membrane? As may be seen from looking at a single section the impression of two discontinuous systems might arise but when reconstructed it may be seen that what appears to be a discontinuous infolding in the single section is actually continuous with the SR in adjacent sections. Thus only one system is present composed of SR which is continuous with the plasma membrane.

#### DISCUSSION

In this investigation we have endeavored to study the form of the SR in crayfish stretch receptor muscles and its relationship to the plasma membrane. Figures 4, 5 and 6, and the series of sections from which figure 6 was taken, show that the SR is composed of anastomosing tubules and sacs which form a reticular system surrounding each myofibril, and which appears to be continuous throughout the muscle fiber. The serial sections (figs. 7 through 24) and the reconstructions made from them show that this system is also continuous at many points with the plasma membrane. The exact form of this continuity with the plasma membrane may be seen in figure 25, which is a part of figure 10 at higher magnification. Figure 25 shows that at the area of continuity the two membranes appear to be identical in morphological appearance. Although there is morphological continuity at this point, this does not preclude electrical discontinuity. However for lack of contrary evidence it is probably safe to assume that electrical continuity does exist. If this latter implication is true then it would follow that in the resting state the membranes of the SR are polarized with the space within the tubules (continuous with the extracellular space) positive with regard to the sarcoplasmic ground substance. The magnitude of this potential difference would be dependent upon membrane char-

acteristics which are unknown. Thus it is conceivable that the depolarization of the plasma membrane could penetrate into the interior of this muscle fiber via a depolarization of the SR membranes as hypothesized for other muscles by A. F. Huxley ('58). The problem still remains as to whether this depolarization wave could or does instigate the chemical events which produce contraction at the myofilament level.

#### SUMMARY

Previous work, based upon examination of single sections with the electron microscope has indicated that in the muscles of the crayfish stretch receptor the sarcoplasmic reticulum might be continuous with the plasma membrane. The present investigation, utilizing serial sections, was undertaken to determine whether or not this is the case. A graphic method was devised by which the sarcoplasmic reticulum could be reconstructed with considerable accuracy. These reconstructions show that the sarcoplasmic reticulum is continuous at multiple points with the plasma membrane. The significance of this finding as related to the role of the sarcoplasmic reticulum in excitation-contraction coupling is discussed.

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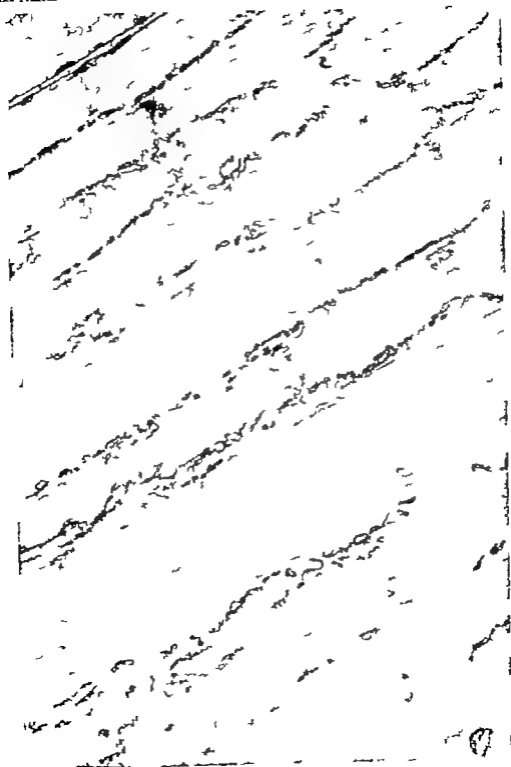
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## PLATE I

## EXPLANATION OF FIGURE

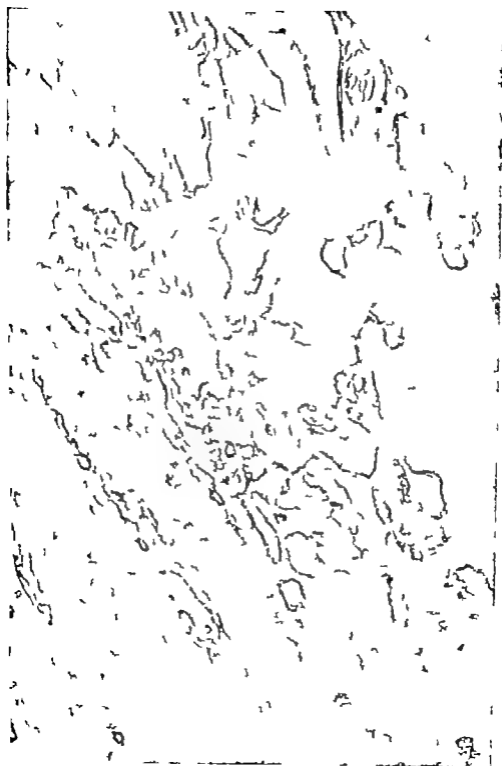
- 4 A longitudinal section through the crayfish stretch receptor muscle. Z, A, and M lines are clear. Due to the contraction of the muscle the I bands are much reduced. The sarcoplasmic reticulum may be seen between the myofibrils as a system of vesicles and tubules. 27,000 X



## PLATE 2

### EXPLANATION OF FIGURE

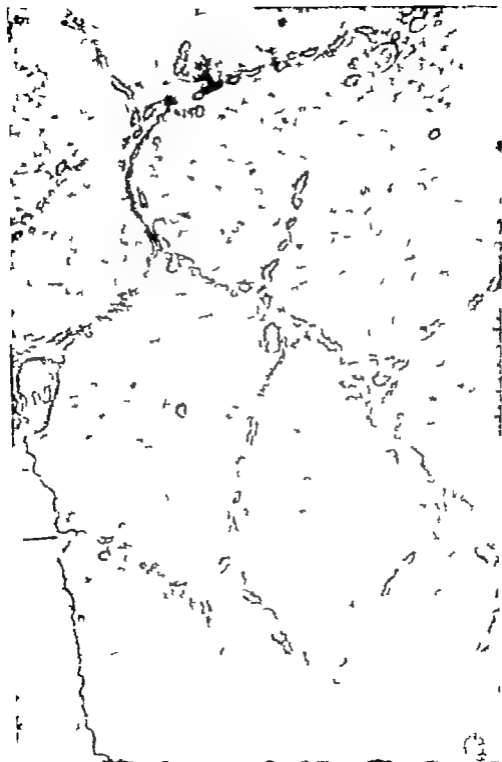
- 5 A longitudinal section showing an area similar to that in the lower left portion of figure 4. Here the myofibril has gone out of the plane of section leaving the sheet of sarcoplasmic reticulum which surrounds it. This micrograph shows clearly the anastomosing tubules which make up the sarcoplasmic reticulum. Also this and the preceding figures show the absence of any regular discontinuity of the sarcoplasmic reticulum along the sarcomere, corresponding to triad type structures. 54,000 x



## PLATE 3

### EXPLANATION OF FIGURE

- 5 A longitudinal section showing an area similar to that in the lower left portion of figure 4. Here the myofibril has gone out of the plane of section leaving the sheet of sarcoplasmic reticulum which surrounds it. This micrograph shows clearly the anastomosing tubules which make up the sarcoplasmic reticulum. Also this and the preceding figures show the absence of any regular discontinuity of the sarcoplasmic reticulum along the sarcomere corresponding to triad type structures. 84,000  $\times$



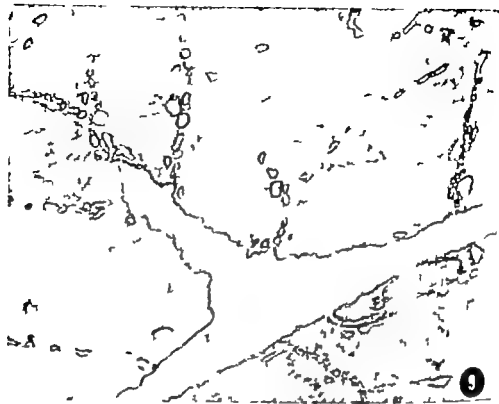


## PLATES 4 - 12

### EXPLANATION OF FIGURES

- 17-24 This is a series of micrographs of serial cross sections stained with lead hydroxide. Each section is approximately 350 Å thick, and the total distance covered by the series is about 0.8 μ in a longitudinal direction. Two adjacent muscle fibers are seen, the upper one with an indentation in it. In figure 7 PM indicates the plasma membranes of the two fibers. The unlabeled arrows indicate eight areas of particular interest where the sarcoplasmic reticulum approaches the plasma membrane. The areas indicated by A, B and C have been reconstructed in text figures 1, 2, and 3. M indicates mitochondrion. The boxed in area of figure 10 is shown at higher magnification in figure 25. Figures 7 through 24 are at approximately 45,000 X.

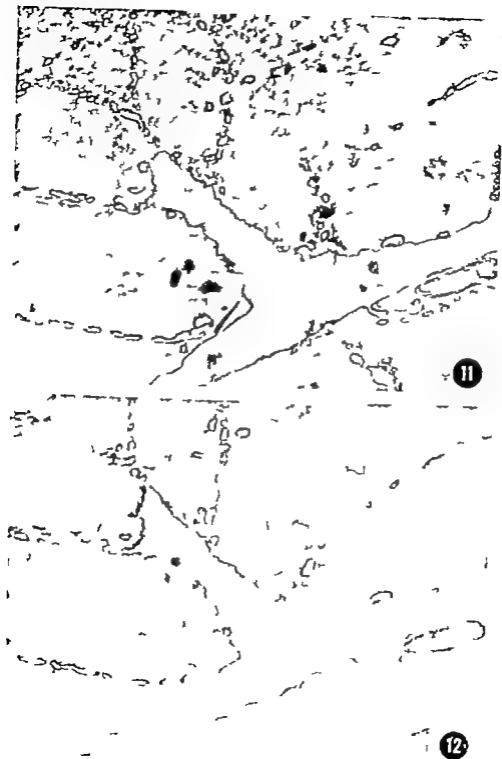


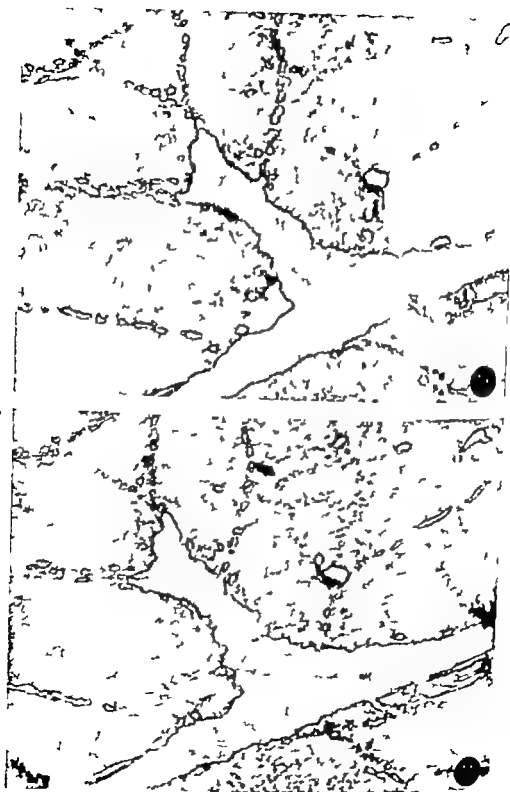


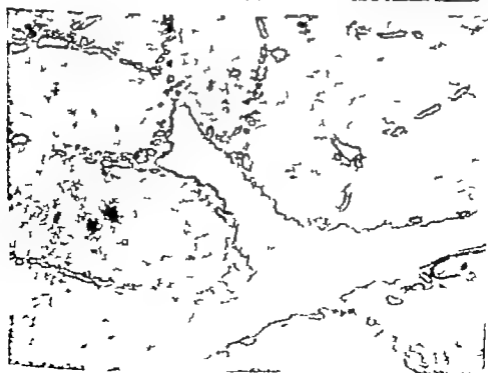
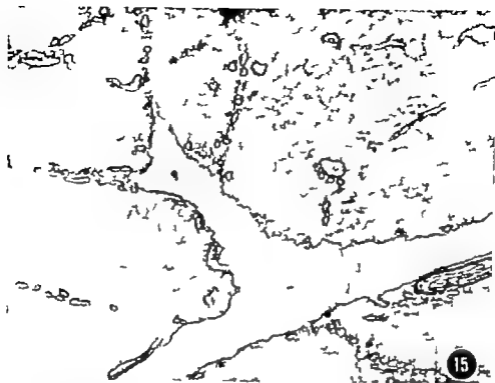
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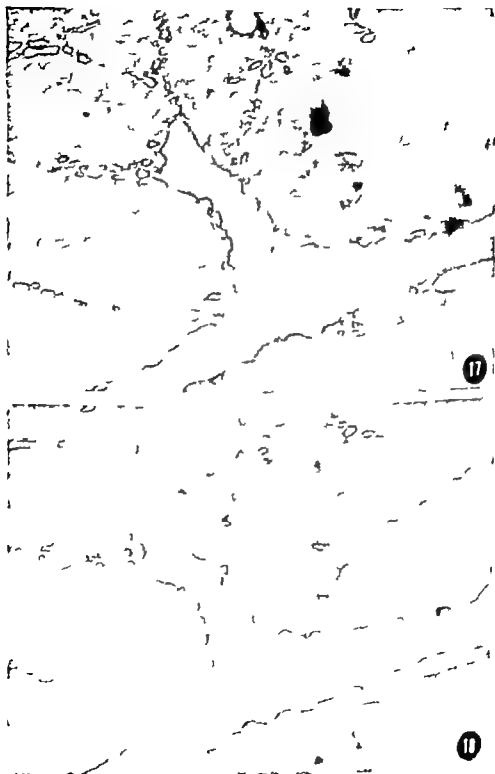


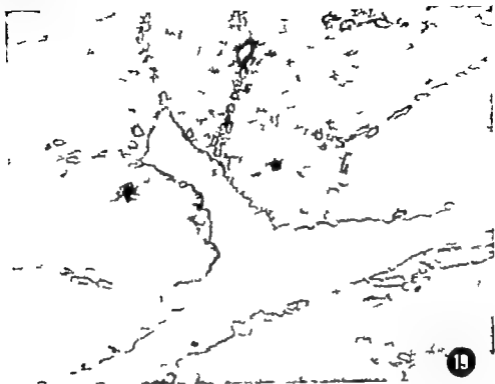
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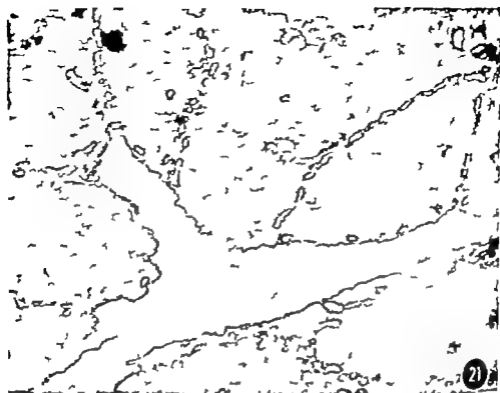


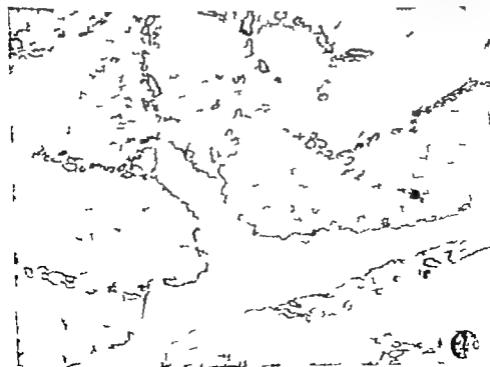
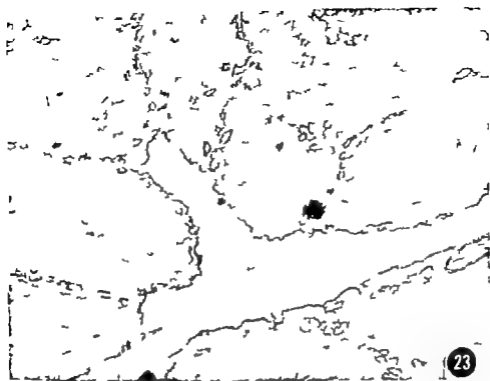














25 This micrograph shows, at higher magnification, the area indicated in figure 10. The sarcoplasmic reticulum may be seen coming in from the plasma membrane for considerable distance. Also it may be seen that there is no apparent morphological difference between the membranes of the sarcolemma and the sarcoplasmic reticulum.  
114,000 X

# Quantitative Analysis of Spermatogenesis of the Rat

## A REVISED MODEL FOR THE RENEWAL OF SPERMATOGONIA

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The production of generation after generation of spermatocytes requires that spermatogonia continuously renew themselves. Comparison of the numbers of spermatogonia at the successive stages of the cycle of the seminiferous epithelium of the rat led to the elaboration of a model depicting the periodic renewal of spermatogonia (Clermont and Leblond, '53). This model (fig. 1) referred to as the "Stem Cell Renewal" pattern, was found to be a useful tool for various investigations on rat spermatogenesis (Clermont and Morant, '55; Clermont and Perey '57).

A similar approach was adopted by others in investigating the renewal of spermatogonia of various species. Ortavant investigated the ram ('54-'58) and bull ('59) Oakberg, the mouse ('56) Kramer the bull ('80). Our own group applied this method of study to the hamster (Clermont, '54) and the monkey (Clermont and Leblond, '59). While there were variations from species to species, a pattern emerged which was common to all, in that spermatogonia divided at several stages of the cycle and thus gave rise to more and more differentiated cell types. However a minority of so-called dormant cells ( $A_0$ , in fig. 1) which arose during the proliferation of spermatogonia delayed their division until the following cycle and thus acted as the stem cells for a subsequent generation of spermatocytes.

In the Stem Cell Renewal model of the rat, there was however an irregularity which was not observed in other species. Although the dormant type A stem cell ( $A_0$ ) gave rise to two morphologically similar type A cells these daughter cells did not subsequently divide at the same time (arrows in fig. 1). We wondered if such an irregularity in the model was the reflection of some anomaly in the

development of spermatogonia of the rat. Roosen-Runge ('55) had described degenerating cells in the rat seminiferous epithelium, at just about the time in the cycle when the irregularity occurred in the model (i.e. at stage XII). Although this author had identified the cells as disintegrating spermatocytes, it was admittedly difficult to determine their nature, and the problem was re-examined using several approaches. Meanwhile the various types of germ cells composing the seminiferous epithelium were recounted using a more refined technique than in our first quantitative study to find out if the new counts were in agreement with those leading to the initial model.

A different criticism of the type of model proposed for the rat was that it was based on averages of cell counts. Such data did not necessarily give a true picture of the behavior of individual spermatogonia. Although it is rather difficult to obtain such information from histological sections an attempt had already been made in this direction by preparing maps of spermatogonia at various stages of the cycle in the monkey. From these data an accurate Stem Cell Renewal model could be designed for this species (Clermont and Leblond, '59). The experience gained from this study suggested that at least the following problem could be solved for the rat. As indicated in the model (fig. 1 arrow on the right) the mitosis giving rise to the dormant type A cell ( $A_0$ ) also gives rise to a type A cell which soon has a different fate so that this mitosis would appear to

The cycle of the seminiferous epithelium is the sequence of events by which a complete series of cellular associations follows one another in time. In any given area of the seminiferous epithelium. In the rat, the cycle was subdivided into 14 stages, numbered I-XIV each one of them being identified by a given step in the development of the spermatis. (Leblond and Clermont, '53, p. 5). The cellular composition of the stages of the cycle is given in figure 2.

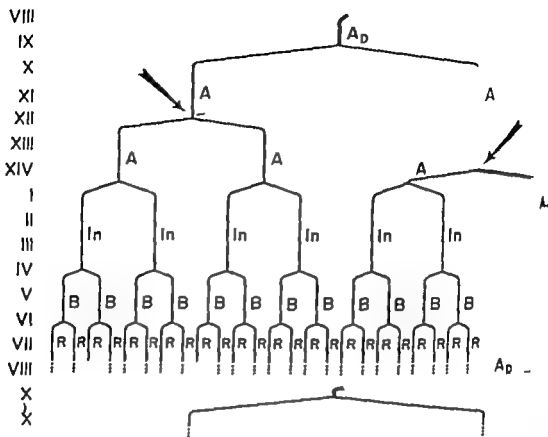


Fig. 1 Diagram showing the initial model proposed for the development and renewal of spermatogonia in the rat (from Clermont and Leblond '53). The Roman numerals on the left side of the diagram indicate the stages of the cycle of the seminiferous epithelium. Lettering  $A_D$ , type A dormant spermatogonia (also referred to as "dormant" type A spermatogonia); A, type A spermatogonia; In, intermediate type spermatogonia; B, type B spermatogonia; R, resting primary spermatocytes. Each mitosis is indicated by the junction of vertical and two horizontal lines.

According to this model, type A stem cell starts dividing at stage IX of the cycle, and its two daughter cells, one divides at stage XII of the cycle (arrow on the left), the other divides at stage XIV-I of the cycle (arrow on the right). One of the four type A cells produced becomes a dormant type A stem cell insuring the renewal of the spermatogonial population at the next cycle. The other type A cells divide at stage XIV I of the cycle to produce intermediate type cells which in turn produce type B cells which in turn produce primary spermatocytes.

be differential. In the monkey testis the existence of such differential mitoses was rejected when it was found that the newly formed stem cells were arranged in pairs and retained this arrangement throughout their life span. Consequently the mitoses which gave rise to pairs of stem cells instead of being differential, are equivalent and the spermatogonial renewal model was built accordingly. Then do "differential" mitoses occur in the rat testis? And if not, how should the model

be modified? To answer these questions, maps of the spermatogonial population were prepared and analyzed.

As a result of these two approaches, an improved model will be proposed for the renewal of spermatogonia in the rat testis.

A differential mitosis consists of the unequal distribution of nuclear or cytoplasmic material, and is responsible for the differential development of the daughter cell (Ris, '55). In this sense, the definition implies not only that the two daughter cells are different, but that the difference is directed by the histological techniques used. Non-directed mitoses are referred to as "equivalent."

## MATERIAL AND METHODS

Testes from 16 adult albino Sherman rats were fixed in Zenker formal for 18-24 hours, washed dehydrated through dioxane and impregnated with paraffin. Five micra sections were cut transversely from the mid-portion of the testes and stained with the periodic acid-Schiff hematoxylin technique. Hematoxylin stained the nuclei of the cells of the seminiferous epithelium and the PA Schiff technique outlined the acrosomic systems of the spermatids thus permitting identification of the steps of spermiogenesis (fig. 2).

In our initial quantitative study on the rat (Clermont and Leblond '53) only spermatogonia and resting primary spermatocytes were counted and counts were made of only those nuclei the greatest part of which was within the tissue sections. This method of counting avoided a correction of the counts of cells showing differences of nuclear diameter (Abercrombie 46). In the present investigation all identifiable pieces of nuclei were enumerated and corrected by Abercrombie's formula. This permitted a safe comparison between counts of spermatogonia primary and secondary spermatocytes and spermatids in spite of the considerable differences in their nuclear volume.

Three different series of cell counts were made in cross sections of tubules in the first series type A intermediate type, and type B spermatogonia were counted at stages of the cycle during which few or no mitoses were usually encountered. (The counted cells are those labelled with a cross in table of fig. 2) In this series resting and pachytene spermatocytes were also counted at stage VII of the cycle. In a second series, primary spermatocytes at various steps of meiotic prophase resting secondary spermatocytes and step 1 and 7 spermatids were enumerated (cells labeled with dots in fig. 2) In a third and last series normal type A spermatogonia and degenerating nuclei at stages XI and XII of the cycle were counted (cells labeled with triangles in fig. 2)

Some observations pertinent to the present investigation were made on autoradiographs of testes from animals injected with a single dose (1  $\mu$ c per g of body weight) of thymidine- $^3$ H. These animals were

sacrificed three hours and three days after injection the testes were fixed in Bouin's fluid, the sections were stained with PA Schiff hematoxylin and radioautographed according to the technique of Messier and Leblond ('57)

Finally information was collected on the topographical distribution of resting, dividing and even degenerating type A spermatogonia along the basement membrane of tubules. The mapping method used, was essentially the same as the one devised to study the distribution of spermatogonia in the monkey (Clermont and Leblond '59) This method can be briefly described as follows: 50-300 serial sections from a transversely cut tubule were photographed at a low magnification. Each one of these tubular cross sections was examined under the microscope the cells to be mapped were identified and their position along the basement membrane was carefully noted on the corresponding photograph of the section. Care was taken to record each cell only once, even if pieces of a given cell were found in two successive sections. Then the spermatogonia from each photograph or drawing were transferred to horizontal strips 5 mm wide a distance made to correspond to the thickness of the magnified sections. To maintain the relative distances between cells a point of reference parallel to the long axis of the tubule was selected and the distances from the cells to that point as well as the distances from cell to cell were measured and used to redistribute the cells along the horizontal strips. This was repeated consecutively for every serial section. If one considers the tubule as a cylinder the method consisted simply of cutting the cylinder wall along a line parallel to the long axis of the cylinder and then unrolling this wall, on which the spermatogonia were mapped, onto a flat surface

## RESULTS

*Quantitative data on spermatogonia spermatocytes and spermatids*

In the first series of counts spermatogonia were enumerated at stages of the

T C = true count, C crude count  
of the section & nuclear diameter

TABLE 1

Number of cells (spermatogonia and primary spermatocytes) per cross section of seminiferous tubule at the stages of the cycle in which no mitoses were observed

Type of cells counted	Stages of the cycle	Mean number of cells $\pm$ S.E.
Type A spermatogonia	II, III, V, VII, VIII	1.13 $\pm$ 0.01
Type A spermatogonia	X-XI	2.38 $\pm$ 0.17
Type A spermatogonia	XIII	3.08 $\pm$ 0.20
Intermediate type spermatogonia	II-III	7.31 $\pm$ 0.20
Type B spermatogonia	V	13.80 $\pm$ 1.21
Resting spermatocytes	VII	29.76 $\pm$ 0.19
Pachytene spermatocytes	VII	30.01 $\pm$ 1.30
Total number of tubules investigated		409

Means and standard errors were calculated from the average cell counts obtained in four animals approximately one hundred tubular cross sections were surveyed per animal. Counts were corrected by Abercrombie's formula.

cycle during which few or no spermatogonial divisions occurred. (Spermatogonia were known to divide five times during one cycle i.e. at stages IX, XII, XIV, I, IV and VI of the cycle, Clermont and Leblond '53 these stages were thus eliminated from the counts)

The results (table 1) showed that the number of type A stem spermatogonia per tubular cross section averaged 1.3 from stage II-VIII with little variation, the number had approximately doubled at stage X and XI that is after the mitosis taking place at stage IX. By stage XIII the number of type A spermatogonia had only reached 3.08 that is 1.5 times the number at stages X and XI although the occurrence of mitosis at stage XII of the cycle had led us to expect a doubling of the number again. At stages II-III, at stage V and again at stage VII the number of cells (In B and R consecutively) approximately doubled each time due to the mitoses observed at stages XIV, I, IV and VI respectively (table 1)

The number of pachytene spermatocytes per tubular cross section at stage VII of the cycle was closely similar to the number of resting spermatocytes counted at the same stage (table 1). This indicated that there was no change in the number of primary spermatocytes from the time of their formation until the mid pachytene step of the meiotic prophase.

The second series of count (table 2) included a period of spermatogenesis going from the leptotene step of the meiotic prophase up to step 7 of spermatogenesis. During the long meiotic prophase the

TABLE 2

Number of primary and secondary spermatocytes, step 1 and step 7 spermatids per cross section of seminiferous tubule in adult albino rat

Type of cell counted	Stage of the cycle	Mean number of cells $\pm$ S.E.
Late leptotene	XI	34.7 $\pm$ 2.3
Zygotene	XIV	34.8 $\pm$ 2.9
Early pachytene	I	33.3 $\pm$ 1.7
Mid pachytene	VII	35.0 $\pm$ 1.7
Late pachytene	XII	34.9 $\pm$ 1.8
Secondary spermatocytes	XIV	61.3 $\pm$ 2.6
Step 1 spermatids	I	101.4 $\pm$ 3.2
Step 7 spermatids	VII	101.3 $\pm$ 4.9
Total number of tubular cross sections investigated		263

Means and standard errors were calculated from the average cell counts obtained in five animals. 120 to 310 tubular cross sections were surveyed per animal. Counts were corrected by Abercrombie's formula.

Fig. 2 Starting from the lower left hand corner of the figure and encircling the table drawings illustrate the steps of spermatogenesis in the rat. Lettering A, type A spermatogonium; B, intermediate type spermatogonium; C, type B spermatogonium; R, resting primary spermatocyte; L, leptotene spermatocyte; Z, zygotene spermatocyte; P, pachytene spermatocyte; S, secondary spermatocyte; 1, 7, step 1 and step 7 spermatids. The Roman numerals in brackets indicate the stages of the cycle at which they are found: Di, diplophase II, secondary spermatocytes; 1, 7, step 1 and step 7 spermatids (reproduced from Leblond and Clermont, '52).

The table in the center of the figure gives the cellular composition of the stages of the cycle of the seminiferous epithelium (Roman numerals I-XIV). Lettering same as above, in addition, at stage XIV of the cycle I<sup>1</sup> and I<sup>2</sup> indicate the first and second maturation divisions of spermatocytes. The cells labeled with crosses (+), dots (•) or triangles (▲) were counted in the first, second or third series of counts respectively.



Figure 2



number of primary spermatocytes per tubular cross section remained remarkably constant (average = 34.9)

The number of interphase nuclei of secondary spermatocytes found at stage XIV of the cycle 61.3 was slightly less than twice the average number of primary spermatocytes, 69.1 the difference being statistically significant. Finally the numbers of step 1 and step 7 spermatids were identical (101.4 and 101.3 respectively) but significantly less than twice the number of secondary ( $61.3 \times 2 = 122.6$ ) or four times the number of primary spermatocytes ( $34.9 \times 4 = 139.6$ ) indicating that a considerable loss of cells took place during the two maturation divisions. Since each primary spermatocyte theoretically gives rise to four spermatids the number of spermatids actually counted was only 72.6% of the expected yield

#### *Identification and enumeration of the degenerating cells*

Degenerating nuclei were occasionally seen along the basement membrane of the tubules of the rat by Roosen Runge ('55)

considered them as arising from leptotene spermatocytes. Oakberg ('56) working with the mouse identified similar figures as degenerating type A spermatogonia. These degenerating nuclei, found to occur mostly at stage XII of the cycle in the rat had the following characteristic appearance: the chromatin formed several hemispherical globules along the nuclear membrane which eventually coalesced into a dense irregular mass (figs. 10a, 10b D). No transition could be seen between the surrounding normal resting germ cells and the degenerating nuclei so that the identification of the latter was difficult. However since the degenerating nuclei were found mostly at stage XII of the cycle the possibilities were limited to four types of cells: type A spermatogonia which incidentally underwent division during this stage of the cycle; leptotene or zygotene primary spermatocytes; pachytene spermatocytes; and finally close to the lumen of the tubule step 12 spermatids (figs. 10a, 10b)

The nature of the degenerating cells was clarified by examination of radioautographs of testes from animals injected

with thymidine- $H^3$  and sacrificed either three hours or three days after injection. At three hours many type A cells but no spermatocytes nor spermatids were labeled in cross sections of tubules at stage XII. Many degenerating nuclei were also labeled (figs. 11a, 11b). In contrast, at three days after injection most type A spermatogonia and similarly most degenerating figures were not radioactive whereas all leptotene primary spermatocytes were labeled (fig. 12). The more advanced pachytene spermatocytes and step 12 spermatids were not. Since the radioactive degenerating nuclei, seen at three hours after thymidine- $H^3$  injection could only arise from the radioactive cells seen at the same time interval after injection, it was concluded that the type A spermatogonia were the cells which degenerated at stage XII of the cycle.

An attempt was made to assess the percentage of type A cells affected by the degenerative process. Counts of normal and degenerating type A spermatogonia were made in a number of tubular cross sections at stage XII of the cycle and for control at stage XI. From the data given in table 3 it was clear that very few or no degenerating cells existed at stage XI but 8.1% of the type A cells found at stage XII were in various stages of degeneration. It should be noted that degenerating nuclei were found at stage XII in every one of the six animals investigated although their percentage varied from animal to animal (table 3).

#### *Mapping of type A spermatogonia*

*1 Type A spermatogonia at stage I of the cycle.* Information was first collected from maps showing type A stem spermatogonia on the basement membrane of tubules at stage VII of the cycle. Of the four maps reconstructed from serial sections one is illustrated in figure 3. On such a map the type A stem cells had a tendency to gather in groups of variable sizes (two are outlined in fig. 3 a) which merged into one another leaving free some rather large areas of basement membrane (such as the shaded area b in fig. 3). The density of the population of type A cells precluded their arrangement into groups of 2, 4, 8 cells as done in the merkle

TABLE 3  
 Frequency of degenerating type A spermatogonia

Animal number	Stage XI		Stage XII			
	Number of tubular cross-sections	Number of type A spermatogonia	Number of tubular cross-sections	Number of type A spermatogonia normal plus degenerating	Number of degenerating nuclei	Percentage of degenerating type A spermatogonia
1	27	81	658	2576	203	7.9
2	17	53	977	3805	289	7.5
3	21	60	104	420	58	13.8
4	19	53	137	558	37	6.3
5	17	56	63	256	17	6.6
6	18	55	67	296	38	12.7
Totals	119	358	2016	7941	642	—
Average number of cells per tubular cross-section	3.00		3.93		0.22	Average 8.1(%)

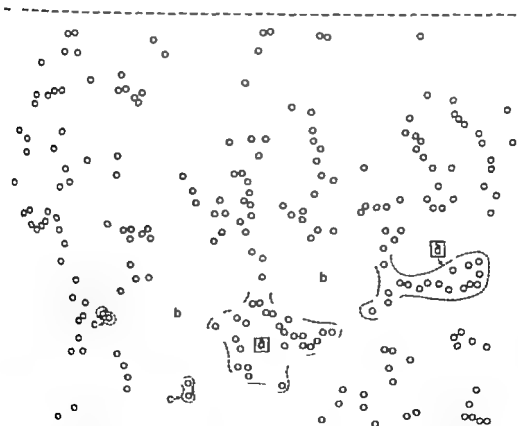


Fig. 3 Map depicting resting type A stem cells at stage VII of the cycle. The stem cells are arranged in irregular groups which merge with each other (two groups are outlined and labeled a) Some large areas of basement membrane are free from stem cells (such as the shaded area labeled b) Pairs of stem cells are seen (labeled c) but the large number of these cells arranged in dense groups prevented demonstration of their arrangement in pairs, quartets, etc.

(Clermont and Leblond '59) Suggestion of arrangement in pairs were frequent (fig. 3 c). However a comparison by the Student method of the mean distance between the two cells forming a pair to the mean distance from any cells in a pair to the nearest cell outside the pair revealed that this arrangement may be fortuitous and result from a random distribution of the cells ( $p$  values above .4).

II Maps of dividing type A cells at stage IX of the cycle. A second series of maps were reconstructed using only mitotic figures of type A stem cells from tubular cross sections at stage IX of the cycle I<sub>1</sub> during the first peak of spermatogonial mitosis (fig. 4). It was found that the dividing cells were arranged into groups or islands. The boundaries of such groups of cells could be delimited easily and were therefore indicated on the maps (fig. 4). If two groups of cells were so close that their separation into two distinct islands could be questioned by any other then the two islands were considered as one. The results (table 4)

showed that all islands of dividing spermatogonia were composed of even numbers of cells. The size of the islands was extremely variable but those composed of six dividing cells were the most numerous (20.8%).

Now considering the cells within the islands it appeared that the type A spermatogonia divided in pairs, each member being at exactly the same phase of mitosis

(fig. 4). To test the pair arrangement the mean distance between the two cells of an assumed pair was compared (by the  $t$  test) to the mean distance from either paired cell to the nearest dividing cell outside the pair. These measurements were made in the maps containing more than 20 assumed pairs and no consideration was given to the phase of mitosis. In several maps but not in all the difference between the distances was significant (table 5). Even when the arrangement of mitotic figures in pairs was not confirmed by this method — perhaps because of the close packing of the cells — the examination of the maps clearly suggested the existence of such pairs. This was particularly true when the phases of mitosis were taken into account as shown for example in map 4 (fig. 5) for which the  $p$  value was 0.04. The fact that the pair could be demonstrated in a few general maps and morphologically in all was considered to be sufficient proof of the existence.

III Mapping of degenerating type A spermatogonia. It was previously noted that degenerating type A spermatogonia were usually found at stage XII of the cycle that is during the second mitotic peak. Maps of degenerating as well as of dividing type A cells were also reconstructed. It was found that the degenerating type A spermatogonia were arranged in groups sometimes of considerable size (fig. 6). On many occasions counts of degenerating nuclei within these islands showed even numbers. Their arrangement in pairs was not infrequent. Groups of degenerating normally dividing and normal resting type A spermatogonia were usually clearly separated from each other (fig. 7). In some instances groups of early degenerating nuclei more closely ex-

TABLE 4  
Number of cell per island of dividing  
type A stem cells

Number of cell per island	Number of island	Percentage
2	3	6.5
4	9	11.7
6	16	20.8
8	14	18.4
10	6	7.1
12	2	2.6
14	8	10.4
16	2	2.6
18	3	3.9
20	8	10.4
22	2	2.6
24	1	1.3
26-28	4	5.2
Total	77	100

FIG. 4. Map showing the distribution of dividing type A stem cells at stage IX of the cycle (table 4). The phases of mitosis are indicated. The dividing cells are arranged in groups of various sizes outlined by a solid line. Within these groups the dividing cells are arranged in pairs outlined by clear lines. In the shaded area the two cells forming a pair being the same phase of mitosis. The distance between the two cells forming a pair was found to be significantly smaller than the distance from either paired cell to the nearest dividing cell outside the pair ( $p < 0.01$ ).



Figure 4

and irradiated mouse concluded that they belonged to type A spermatogonia. Radioautographs of testes from animals injected with thymidine- $^{32}$ P showed that radioactive degenerating nuclei were associated with normal radioactive type A spermatogonia indicating clearly that the former must arise from the latter. Furthermore a close examination of nuclei in areas of basement membrane where degenerating cells as well as mitotic figures were numerous indicated that the degeneration of the type A cells takes place mainly during early prophase.

Light per cent of the type A cells at stage VII of the cycle underwent degeneration (table 3). Since the type A cells degenerate in prophase or before division a better estimate of the percentage of type A cell affected may be obtained by using respectively the number of degenerating nuclei per tubular cross section at stage VII of the cycle (0.32) and the number of type A spermatogonia per cross section of tubule at stage VI (3.0) i.e. or to the mitotic peak. The value thus obtained 10.6% is lower than the 25% degenerating type A cells found in the mouse by Oakberg (56).

Although no degeneration of primary spermatocytes was observed during the long meiotic prophase (table 2) some of the germ cells degenerated during the subsequent maturation divisions. Such an abnormality in the development of spermatocytes was mentioned for the rat (Roosen-Runge '55) and for other mammals (Oakberg '55 Ortavant '56 Kramer '56). However it remained to be seen for the rat whether the first and or the second maturation division was affected and to what extent. The present data showed that on the basis of the number of primary spermatocytes the number of step 1 spermatids per tubular cross section is 27.4% lower than expected. Of this percentage approximately 12% of the cells are affected during the first and 15% during the second maturation division. These results differ from those of Roosen-Runge ('55) who reported that 2% of the spermatocytes degenerated during the first maturation division and none during the second division. The percentage of cells lost during the maturation divisions of

the rat is greater than that (13%) found in the mouse by Oakberg ('55).

Spermatids also degenerate at some critical steps of their development. Roosen-Runge ('55) estimated that approximately 10% of the spermatids disintegrated during spermiogenesis. Our data established that from step 1 to step 7 of spermiogenesis no spermatid was lost. Difficulties in obtaining corrected counts from older spermatids prevented an accurate estimate of cell death during the later steps of spermiogenesis. However as already pointed out by Roosen-Runge ('55) cytological examination clearly indicates that step 10 and 11 spermatids are the ones which are the most frequently seen to undergo disintegration. This is the time during which chromatin reorganizes in the nuclei, which then change from a spermatid to a point sickle (fig. 2).

The spontaneous degeneration of germ cells seems to be closely associated with the chromosomal behavior since in the case of the type A spermatogonia it occurred during prophase of the stage VII divisions in the case of spermatocytes during the maturation divisions, and in the case of spermatids during the rearrangement and condensation of chromatin. Such an observation was already made by Oakberg ('56) who suggested that the nuclei containing aberrant chromosomes were eliminated at these critical steps of spermatogenesis. The cause(s) of chromosome damage remains obscure however.

At any event considering our data on the degeneration of spermatogonia (10.6%) and spermatocytes (27.4%) and the 10% degeneration of spermatids proposed by Roosen-Runge ('55) the number of spermatozoa produced per type A stem cell would be in the rat only 52% of theoretical yield.

#### Spermatogonial renewal. Analysis of cell counts

First, it was appropriate to see if the initially proposed Stem Cell Renewal model (fig. 1) was supported by the corrected counts obtained in the present investigation. This could be done by calculating with the data of table 1 the ratios of the number of type A stem cells to the num-

TABLE 8  
Ratios of the various types of germ cells

Cell type in ratio <sup>a</sup>	Calculated from counts corrected by Abercrombie's formula (table 1)	Calculated from Clermont and Leblond ('53)	Calculated from data of table 1 corrected for the 10.6% cell loss by degeneration at stage XII
$A_0 : A_{0-20}$	1 2.1	1 1.9	1 2.1
$A_0 : A_{0-20} : In$	1 2.7	1 2.7	1 3.0
$A_0 : In$	1 6.4	1 6.1	1 7.0
$A_0 : B$	1 12.2	1 11.4	1 13.5
$A_0 : R$	1 26.3	1 24.0	1 29.0
$In : B$	1 1.9	1 1.9	1 1.9
$B : R$	1 2.1	1 2.1	1 2.1

<sup>a</sup> Legend:  $A_0$  dormant type A stem cell; A type A spermatogonia; In intermediate type spermatogonia; B type B spermatogonia; R resting primary spermatocytes.

ber of the other cell types counted (table 6 second column) and to compare them with similar ratios calculated from the published data used to construct the initial model (table 6, third column). These two series of ratios are closely similar (table 8) therefore the initial model need not be modified on the basis of the new series of counts.

But, it was obvious that the degeneration of type A spermatogonia, which was unnoticed in the course of our initial study had to be considered to interpret cell counts correctly and thereby revise the initial Stem Cell Renewal model. We have estimated that 10.6% of the type A spermatogonia degenerated as they entered mitosis at stage XII of the cycle. Consequently the counts of all cells normally arising from these type A spermatogonia ( $A_0$ , In, B, R) must be at least 10.6% lower than expected. The counts of these cells were thus corrected accordingly and the ratios of type A stem cells to the other more mature elements were recalculated (table 6, last column). As expected these new ratios were higher than those previously obtained. While the ratios obtained from counts uncorrected for cell degeneration fit well with the original model of spermatogonial renewal (fig. 8A) the new ratios calculated after correction for cell loss fit best with a second model illustrated in figure 8B. (This figure 8B actually corresponded to the third possibility illustrated and discussed in our first article. Clermont and Leblond, '53 fig 2 p 489)

The pattern in this second model was that the type A stem cell ( $A_0$ ) divided at stage IK giving two type A cells which multiplied simultaneously at stage XII to give four type A cells. These in turn divided at stages XIV I of the cycle into seven intermediate type cells (In) and one new stem cell ( $A_0$ ). Thereafter as the stem spermatogonium remained dormant, each intermediate type spermatogonium produced two type B spermatogonia which in turn produced four primary spermatoocytes.

*Pairing of type A spermatogonia  
Its effect on the model of spermatogonial renewal*

According to the model in figure 8B which is based on statistical data, there would be a differential mitosis at stage XIV I of the cycle, since one of the third generation type A cells would give rise to a new type A stem cell and an intermediate type spermatogonium (seen on the right hand side of the diagram). If this were so then maps of spermatogonia reconstructed from tubules at stage II of the cycle that is immediately after this mitosis had taken place should show side by side the two daughter cells which arose from the same type A cell. Hence there would be some pairs (one in four) composed of a dormant type A cell and an intermediate cell. Unfortunately cell crowding was such along the basement membrane that the problem could not be solved by investigating such maps.

The problem may be approached however in an indirect way. It may be reasoned

# MODEL of SPERMATOGONIAL DEVELOPMENT

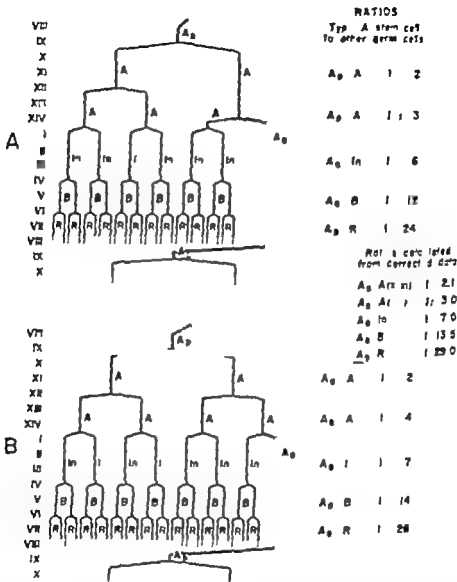


Fig. B. Diagrammatic representation of two models for the development of spermatogonia. The Roman numeral on the left of the diagrams indicate the stages of the cycle. Lettering  $A_2$ , dormant type A spermatogonia (stem cells); A, type A spermatogonia; B, resting spermatocytes. The ratios of type A stem cells to the other germ cells calculated for each model are given on the right of the diagrams. Model A represents the initial scheme proposed by Clermont and Leblond ('53). Model B represents a second possibility for the development of spermatogonia (corresponds to third possibility of Figure 2 in Clermont and Leblond '53). According to this model, the daughter cell arising at stage IX from the type A stem cell divides simultaneously at stages XII and XIV. One of the new stem cells appears which enters a long period of dormancy while the other stem cells give rise consecutively to intermediate and type B spermatogonia and finally to resting spermatocytes.

The ratios enclosed in frames on the right, were calculated from cell counts corrected firstly by Abercrombie's formula and secondly for the 10.6% cell loss due to degeneration of type A spermatogonia at stage XII of the cycle. These ratios compare better to those calculated for model B than to those of model A.

that if all type A stem cells were paired then the existence of pairs composed of one dormant type A cell and one intermediate type spermatogonium would have to be excluded. Maps of dormant type A stem cells (fig. 3) could not be used profitably to test this possibility but the problem was solved by investigating maps of dividing type A stem cells at stage IX of the cycle.

In such maps on which the phases of mitosis were shown (figs. 4-5) it became obvious that these cells although arranged in groups of various sizes divided in pairs, the two members of such pairs being at exactly the same phase of mitosis. In several maps comparison by the  $\chi^2$  test of the mean distance between two cells forming the postulated pairs with the mean distance of any one of the two paired cells to the nearest dividing cell outside the pair confirmed this morphological finding (table 6). If two cells, such as type A<sub>0</sub> spermatogonia in proximity to each other, divided in perfect synchronism, it could be safely assumed that these two type A cells had the same mother cell. In other words, the two type A<sub>0</sub> cells dividing synchronously at stage IX of the cycle may be assumed to originate from the same type A spermatogonium which has divided at stage XIV I of the previous cycle (fig. 8B). It should be mentioned that the duration of interphase of the type A stem cells is approximately eight days (calculated on the basis of a 12-day cycle duration Clement, Leblond and Mesker '59). The synchronism of the paired A<sub>0</sub> mitoses after such a long period of dormancy is striking and strengthens the possibility that paired stem cells arise from the same mother cell.

Consequently due to the pair arrangement of the type A stem cells, the possibility of a differential mitosis at stages XIV I of the cycle, as indicated in fig. 8B should be rejected. Instead we must have an equivalent mitosis the two daughter cells being identical.

To account, therefore for the arrangement in pairs of the type A stem cells the statistical model of spermatogonial renewal illustrated in figure 8B should be replaced by a new one (fig. 9). In this new model, two type A stem spermatogonia were used to start with instead of

one as in figure 8B. The type A spermatogonia divide at stages IX, XII and XIV I of the cycle as their numbers increase in geometrical progression. Following the third mitotic peak, two spermatogonia arising from the same type A cell would return to a dormant state and form a pair of new stem cells (A<sub>0</sub>). The other spermatogonia would become intermediate type cells which all divide at stage IV to give type B spermatogonia and these in turn divide at stage VI of the cycle to yield a generation of primary spermatocytes.

It should be remembered that some 10.6% of the population of type A spermatogonia found at stage XII of the cycle, degenerate. Thus the theoretical number of spermatocytes produced by the spermatogonia is in actual fact, reduced by the same percentage.

Do all type A stem cells and their progeny behave in perfect agreement with the rigid model just proposed? The following data indicate that variations may exist. Of the type A cells present at stage XII of the cycle some were found to degenerate in groups, sometimes of considerable size (figs. 6-7). Such degeneration obviously affects the progeny of these type A cells, that is the new stem cells as well as the more differentiated cell types (In, B, R). As a consequence, the stock of stem cells would have a tendency to diminish over certain areas of the basement membrane. To compensate for such a depletion and to maintain the population of stem spermatogonia in a steady state as indicated by the counts one has to postulate that the type A spermatogonia from adjacent areas or else type A cells during forthcoming cycles would have to produce a greater number of stem cells than proposed by the model.

Thus the model proposed here although it fits in with the data collected should still be considered as a statistical representation of the behavior of spermatogonia. This model however is the correct expression of well established facts such as the doubling in the number of all stem cells at stage IX of the cycle the production of pairs of stem cells, the production of four resting spermatocytes per intermediate type spermatogonium. This model also supports the concept proposed earlier



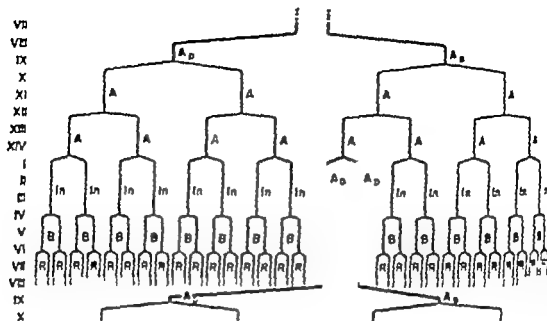


FIG. 9. Diagram representing the most probable model for the development and renewal of spermatogonia in the rat. The Roman numeral on the left of the diagram indicates the stage of the cycle. Lettering  $A_D$ , dormant type A stem spermatogonia; A type A spermatogonia in intermediate type spermatogonia; B type B spermatogonia; R resting primary spermatocytes. The model (which is modification of figure 8B) takes into account the arrangement in pairs of type A stem cells. Thus a pair of type A spermatogonia starts proliferating at stage IX of the cycle and the daughter cells divide successively at stage XII and XIV of the cycle. During this time one of spermatogonial divisions one type A spermatogonium gives rise to a pair of new type A stem cells which later period of dormancy insure the renewal of the spermatogonial population during the forthcoming cycle. The other type A spermatogonia give rise to intermediate type spermatogonia which in turn produce type B cells which finally give rise to primary spermatocytes. It should be recalled that due to the degeneration of some type A spermatogonia at stage XII of the cycle the theoretical yield of spermatozoa proposed by the present scheme is reduced to  $10^6$ .

(Clermont and Leblond '53) that at each cycle of the seminiferous epithelium the spermatogonia renew themselves by producing new stem cells while they simultaneously yield spermatocytes which later give rise to the mature germ cells the spermatozoa.

#### SUMMARY

The mode of development and renewal of spermatogonia in the adult rat was reinvestigated by analyzing counts of germ cells (type A, In and B spermatogonia spermatozoa) at the various stages of the cycle of the seminiferous epithelium and by investigating maps of resting and dividing type A stem-spermatogonia. Degeneration of germ cells taking place at critical steps of spermatogenesis was also investigated quantitatively and by means

of radioautography in animals injected with thymidine- $^{3}H$ .

The ratios of the average number of type A stem cells to the average number of other germ cells calculated from counts corrected by Abercrombie's formula are not different from the similar ratios calculated from the uncorrected counts already published (Clermont and Leblond '53). Thus the previously published model for the renewal of spermatogonia (fig 1) would not need modification on the basis of cell counts.

However some  $10^6$  of the type A spermatogonia degenerate during the prophase of the second spermatogonial mitosis at stage XII of the cycle. The numbers of cells arising from these type A spermatogonia (A, In, B and R) was considered to be below the expected yield

by a similar percentage and the cell counts were corrected accordingly. New ratios of type A stem cells to the other more mature germ cells were calculated from these corrected counts.

Maps of dividing type A stem cells reconstructed from serial sections of tubules at stage IX of the cycle reveal that these cells divide in groups or islands. The numbers of cells per island of dividing cells are variable but are always multiples of two. Furthermore within these islands the dividing type A stem cells are arranged in pairs, the members of each pair located close to each other are at exactly the same phase of mitosis.

Taking into consideration the arrangement in pair of the type A stem cells and the new ratios of type A stem cells to the more differentiated germ cells a new model for the development of spermatogonia was built. According to this model (fig. 9) a pair of type A stem cells starts proliferating at stage IX of the cycle, thereafter the daughter cells divide successively at stages XII and XIV-I of the cycle their number increasing in geometrical progression. Following the third spermatogonial mitosis a pair of cells becomes dormant and form new type A stem cells which will later provide for new generations of spermatogonia. The other spermatogonial elements arising from the third spermatogonial divisions differentiate into intermediate type spermatogonia which give rise to type B spermatogonia during stage IV of the cycle. The type B cells divide at stage VI to produce a generation of primary spermatocytes. This revised "Stem Cell Renewal" model, still considered as statistical, gives an accurate but theoretical representation of the maintenance of the stock of spermatogonial stem cells and of the periodic formation of generations of spermatocytes in the rat. The number of spermatocytes produced per stem cell is in actual fact lower than the theoretical number proposed by the model due to the degeneration of some (10.6%) type A spermatogonia at stage XII of the cycle. Finally the number of spermatids produced by the spermatocytes is only 72.6% of the expected yield due to degeneration taking place during the first and second maturation divisions of spermatocytes.

## ACKNOWLEDGMENTS

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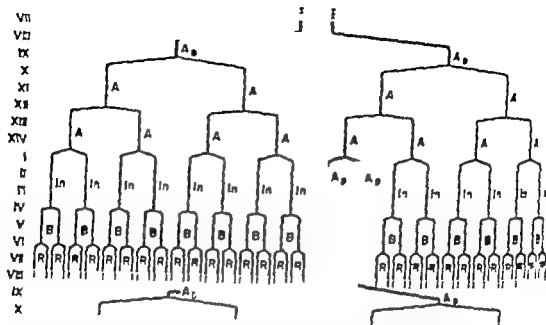


FIG. 9. Diagram representing the most probable model for the development and renewal of spermatogonia in the rat. The Roman numerals on the left of the diagram indicate the stage of the cycle. Lettering  $A_0$ , dormant type A stem spermatogonia;  $A$ , type A spermatogonia i.e. intermediate type spermatogonia;  $B$ , type B spermatogonia;  $R$ , resting primary spermatocytes. The model (which is a modification of figure 8B) takes into account the arrangement in pairs of the stem cells. Thus pairs of type A spermatogonia last proliferating at stage IX of the cycle and the daughter cells divide successively at stage XII and XIV I of the cycle. During this first cycle of spermatogonial division one type A spermatogonium gives rise to a pair of new type A stem cells which after period of dormancy insure the renewal of the spermatogonial population during the forthcoming cycle. The other type A spermatogonia give rise to intermediate type spermatogonia, which in turn produce type B cells which finally give rise to primary spermatocytes. It should be recalled that due to the degeneration of some type A spermatogonia at stage XI of the cycle the theoretical yield of spermatocytes proposed by the present scheme is reduced to 106%.

(Clermont and Leblond '53) that at each cycle of the seminiferous epithelium the spermatogonia renew themselves by producing new stem cells while they simultaneously yield spermatocytes which later give rise to the mature germ cells the spermatozoa.

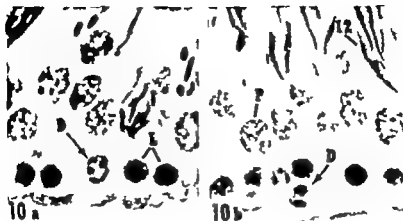
#### SUMMARY

The mode of development and renewal of spermatogonia in the adult rat was reinvestigated by analyzing counts of germ cells (type A  $In$  and B spermatogonia spermatocytes) at the various stages of the cycle of the seminiferous epithelium and by investigating maps of resting and dividing type A stem-spermatogonia. Degeneration of germ cells taking place at critical steps of spermatogenesis was also investigated quantitatively and by means

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However some 10.6% of the type A spermatogonia degenerate during the prophase of the second spermatogonial mitosis at stage XII of the cycle. The numbers of cells arising from these type A spermatogonia ( $A$ ,  $In$ ,  $B$  and  $R$ ) was considered to be below the expected yield





# The Structure of Fine Splenic Arterial Vessels in Relation to Hemoconcentration and Red Cell Destruction<sup>1</sup>

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Fine arterial vessels arise from the central artery of mammalian spleens and form a rich plexus of slender vessels in the white pulp. In the rabbit most of these run to the periphery of the white pulp and terminate in the marginal zone and in the contiguous red pulp. A smaller number run some distance into the red pulp and there communicate with cordal or perhaps in a few cases, with adrial vessels (MacNeal, Otani, and Patterson, '37; Björckman '47; Snook, '50 '58). In the dog the terminating arterial vessels typically bear a collar of phagocytic cells shortly before they end (Mills '26 Solnitzky '37) and constitute sheathed arteries. Sheathed arteries are absent in the spleen of rabbits.

This paper presents observations, made primarily by electron microscopy of this system of arterial vessels in the rabbit and the dog. The material includes normal spleens and spleens after the injection of Thorotrast. New information is presented on arterioles and arterial capillaries in the rabbit and on sheathed arteries in the dog. A limited number of observations have been made on the connections of arterial capillaries with cordal vessels of the red pulp.

Splenic arterial vessels are distinguished by distribution, high endothelium, abdominal endothelial projections, and closed openings into the cords. It seems likely that they play a role in separating plasma from the corpuscular elements of blood and that they subject the red cells to mechanical trauma. These points are elaborated in the discussion. Since it seems probable that these vessels may also prepare red cells for destruction in the spleen, a review of the spleen's role

in normal red cell destruction has been prepared and is offered as an appendix.

## MATERIALS AND METHODS

**Animals.** Spleens were obtained from 14 normal New Zealand albino rabbits, each about 2 to 3 kg in weight and about eight months of age and from four normal mongrel dogs about 10 to 12 kg in weight. Additionally two similar dogs and four similar rabbits were studied after the administration of Thorotrast.

**Anesthesia.** Rabbits were placed under surgical anesthesia by means of 2 to 3 ml. Nembutal (Veterinary Nembutal 60 mgm/ml Abbott Co. Chicago) administered intraperitoneally in 0.5 to 1.0 ml doses over a period of two hours. Dogs were anesthetized with 11 to 8 ml. Nembutal intraperitoneally and then 4 to 7 ml intravenously.

**Thorotrast.** This preparation of thorium dioxide was administered intravenously in animals under surgical anesthesia. In two dogs the spleen was taken out 45 minutes after the administration of 7 ml of Thorotrast; in two dogs, five minutes after 7 ml Thorotrast. Two rabbits were given 5 ml Thorotrast and the spleen removed after 45 minutes. In another pair given 5 ml Thorotrast, five minutes elapsed before splenectomy. The Thorotrast was obtained from Heyden Chemical Corp. N. Y.

**Methods of obtaining tissue.** In most instances the spleen was removed from an anesthetized animal by cutting the vascular pedicle without attempting to retain the blood in the organ. In three rabbits the

<sup>1</sup>This work supported by Grant Home C-5373 Home 1 of the United States Public Health Service. Senior Investigator—Public Health Service.

vascular pedicle was clamped tied off cut and the whole spleen with contained blood put in fixative. In two additional rabbits this procedure followed two minutes of passive congestion induced by clamping the splenic vein at its entrance into the portal vein. In three rabbits the spleen was removed after fixation *in situ* by perfusion.

**Fixation**—The fixative used was 1% osmium tetroxide buffered to pH 7.45 by veronal—HCl and containing 5% sucrose. Except in perfusion the fixative was chilled in ice water. Portions of fresh spleen from central and peripheral portions of the organ were cut into blocks approximately 2 mm and fixed for about one hour. Whole spleens stayed in fixative 4½ minutes to one hour and then the superficial blackened areas were cut into blocks about 11 mm and left in fixative 30 to 45 minutes more.

In three rabbits the spleen was perfused by 150 ml fixative preceded by 25 ml saline under a pressure of 100 mm Hg. The perfusion required about five

utes. The solutions were warmed to 37°C and perfused cephalad through the abdominal aorta just above the renal arteries after the thoracic aorta, hepatic artery and mesenteric arteries were clamped and the splenic vein cut. The spleen was left *in situ* about ten minutes and then large portions 20 to 30 mm in length were placed in 95% ethanol and allowed to harden overnight. Then the blackened areas were dissected free and further dehydrated.

**Embedding sectioning and staining**—Blocks were dehydrated in ethanol and embedded in methacrylate (20% methyl—80% butyl) or in a few cases in araldite. The methacrylate was polymerized with ultra violet light. It was not prepolymerized. The araldite was obtained as a kit from the New York Society of Electron Microscopists and used according to the directions of Richardson (60).

The blocks were sectioned in a Porter Blum microtome with a diamond knife obtained from the Instituto Venezolano de Investigaciones Científicas Caracas Venezuela.

Thin sections on carbon-coated formvar grids were stained by flotation upon a

solution of 2% uranyl acetate two hours at room temperature (Watson, 59). As studied in the Siemens Elmiskop I methacrylate sections were well stained after this procedure while those embedded in araldite were not. Increased contrast was sometimes obtained in the latter material by employing 40 KV rather than 60.

The blocks were also sectioned at 1 μ and 3 μ and stained for light microscopy with the periodic acid Schiff (PAS) method and hematoxylin (Weiss 57-59). The perfused spleens were sectioned only for light microscopy.

### OBSERVATIONS

In the rabbit, arterial vessels ranging in diameter from about 100 μ, the caliber of arterioles to approximately 10 μ, the diameter of capillaries were studied in detail. Snook's work (58) on the distribution of these vessels in the white pulp and the red pulp was confirmed in preparations examined under the light microscope stained with the PAS method. I however encountered a somewhat greater incidence of connections between arterial terminations and sinusoids. Of the limited number of connections seen under the electron microscope all were of the artery-cord variety. The proximal arterial vessels were studied primarily in the rabbit; those observed in the dog were similar to those of the rabbit. The sheathed artery of the dog was studied in detail.

**Rabbit**—A striking characteristic of the arteriolar vessels in all preparations is a high endothelium. In the smaller arterioles and extending into the capillaries it is often so high that the lumen is considerably diminished or absent (figs. 2, 4, 5, 6, 10). In perfused animals the endothelium is flattened in moderate degree in most but not all vessels and the outside diameter of many of the smaller arterioles and capillaries is somewhat increased. In spleens fixed after passive congestion compressed red cells are present in the arteriolar lumen and the endothelium conforms to the compressed shape of the luminal capsule as in figure 15. Seldom is more than one blood cell present in cross section even in vessels as large as 75 μ in diameter. In spleens fixed with

out care to retain blood, red cells are usually absent from arterial vessels. The endothelium is highest over the nucleus (figs. 4, 8 and 10) and can be flat elsewhere, so that the luminal endothelial surface presents nodosities in nuclear locations.

The endothelium is rich in mitochondria and RNA particles and, especially in the smaller vessels of this study possesses granules, vacuoles, membranes, and, occasionally filaments of a cytoskeletal system (figs. 5, 6, 7, 11 and 12). Cytoplasmic vesicles, many near the cell surface, are inconstantly present. The endothelium of many capillaries possesses slender abluminal extensions into the basement membrane and adventitial extracellular connective tissue. These extensions may be continuous with similar processes derived from adventitial cells, and tend to enwrap the vessel (figs. 5 and 7).

Until vessels narrow to a diameter of about 25  $\mu$  the basement membrane is complete. As a rule in smaller vessels the basement membrane is interrupted and may even be absent. In well-fixed preparations the basement membrane is transparent and finely granular. In specimens in which ground substance is washed out, collagenous fibers are revealed. The density of fibers tends to diminish as the caliber and stoutness of the vessel diminishes. Elastic fibers, whose presence may be demonstrated by light microscopy in these arterioles, were not definitively recognized in this material, by electron microscopy. The basement membrane is strongly reactive in the PAS technique (figs. 8 and 9) and comprises part of the reticulum, as described by Snook ('58).

A layer of smooth muscle one or two cells thick is characteristic of the largest vessels in this study (figs. 1, 2 and 4). In vessels of about 50 to 35  $\mu$  in diameter the muscle is represented by slender cytoplasmic processes applied upon the basement membrane and surrounded by relatively abundant ground material variably rich in fibers. In slightly smaller vessels smooth muscle is absent.

Adventitial cells are a constant feature even in vessels of 10 to 15  $\mu$  in diameter

(figs. 1, 2, 4-7). They form a complete layer only in the larger vessels. They may have long processes sometimes continuous with the abluminal endothelial projections mentioned above. Adventitial cells contain considerable concentrations of RNP particles but seldom any filamentous structure.

The extracellular connective tissue contributing to the adventitia is usually a ground material containing few and variable concentrations of fibers. It forms a complete layer around the vessel continuous with endothelial basement membrane and endomysium.

*Dog* Comparable vessels in the dog resemble those in the rabbit. My observations on the sheathed vessels (figs. 17 to 21) are in agreement with Sonlitzky's. Under the electron microscope the endothelium may be high, containing numerous mitochondria, RNA particles, vesicles, filaments or granules — or it may be low the apical and basal surfaces separated by a thin layer of hyaloplasm. The basement membrane is usually incomplete, sometimes absent, or unusually complete. The endothelium is surrounded by a concentration of cells and extracellular connective tissue. This extracellular connective tissue, clearly continuous with the basement membrane and part of the same complex, typically consists of a granular ground substance of variable density but occasionally contains typical collagenous fibers as well. The sheath cells contain a variety of inclusions, some suggesting broken-down red cells. They are often rich in RNA particles. Most remarkably they display highly convoluted cytoplasmic junctions with other sheath cells. Occasionally abluminal projections mark the endothelium, or adventitial cells of these vessels as in the fine terminating vessels of the rabbit (see especially fig. 20).

*Spleens after Thorotrast* Rabbits and dogs differ markedly in localization of Thorotrast depending upon the presence or absence of the sheathed artery (figs. 11, 16 and 17). In the rabbit the Thorotrast is concentrated at the orifice of the terminating capillaries. It is present free in the cordal lumen, within unattached macrophages in the cords, and, to a slightly lesser degree within the lining



cells of the cords. There is some Thorotrast within the walls of the arterial vessels and only a moderate amount within the lining cells and lumen of sinuses. In the dog on the other hand there is little Thorotrast beyond the arterial endings. It is concentrated in the sheaths. This difference in pattern of concentration of particulate material between rabbit and dog spleens was demonstrated by Mills (26) with India ink. Within the sheaths of dogs Thorotrast is present extracellularly and within intracytoplasmic vacuoles. There is a great deal of Thorotrast in the extracellular ground material. It is present moreover in the endothelium of the sheath capillary disposed in ways suggesting transport across the wall (fig 18)

The distributions of Thorotrast 5 and 60 minutes after injection are similar the principal differences being that after the longer time the vacuoles containing Thorotrast are larger and the distribution more extensive.

It seems possible by electron microscopy to distinguish the thorium dioxide and the dextrans which constitute Thorotrast. The former are dense particles the latter a much less dense and somewhat flocculent material (see especially fig. 11). The distribution of these materials appeared to coincide suggesting that the brilliant PAS reaction of Thorotrast due to the dextrans may be correlated with the dense thorium dioxide visualized by electron microscopy.

## PLATES

Figures 2, 4, 8, 9, 10, 13 and 14 are presented with accompanying tracings reduced one-half. Figures 1 through 15 are of rabbit spleen. Figures 16 through 21 are of dog spleen. Plates 10 and 11 and figure 15 are of araldite-embedded material. The rest are of methacryl te.

## PLATE 1

### EXPLANATION OF FIGURE

1 Rabbit. This arteriole approximately 100  $\mu$  in diameter is present in the outer third of nodule of white pulp. Endothelial cell are high, particularly in the region of the nucleus. Cell junctions (C. J.) are relatively simple approximations, typically involving only the infranuclear part of cell. The higher portion of the cell are tub-shaped in these undistended vessels. A well developed basement membrane ("MEMBRANE DE BASSON") lies beneath the endothelium. It contains no evident fibers. A single layer of smooth muscle cells, cut almost transversely, lies outside the basement membrane. An adventitial cell extends into the surrounding lymphatic tissue. It is enveloped in a layer of extracellular connective tissue which is continuous with that (marked A) bounding the muscle layer  $\times 20,000$ .



PLATE 2

TRANSVERSE SECTION OF NERVE



2 Rabbit. This artery is approximately 50  $\mu$  diameter. It is present in the outer third of white pulp. The tracing includes the following layers: the intima, the media, and the adventitia. The vessel is not in cross section and its lumen is conspicuously narrower than the preceding vessel. Note the endothelial cell marked END. Endothelial junctions are more conspicuously plicated than in figure 1. The basement membrane is markedly constricted, indicating arteriolar constriction. The width of the folded course of the basement membrane are indicated in the accompanying tracing. The smooth muscle displays myofibrils and characteristic small dense bodies. X 40,000.

3 Rabbit. This myelinated nerve is probably postganglionic sympathetic motor fiber (Klempner '35). It is present in the outer third of a

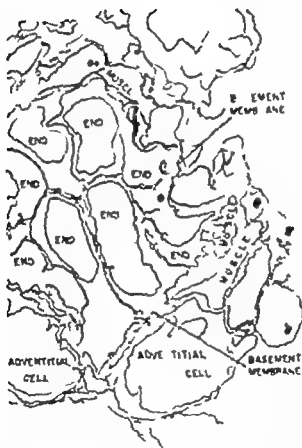
module of white pulp in rabbit spleen. The branching of several arterioles are rich in small mitochondria and contain many small vesicles. A scanty cytoplasmic matrix incompletely surrounds the axons and likely represents Schwann cell cytoplasm. The nerve is invested by an incomplete but conspicuous fibrous sheath and peripheral to that, a layer (F) in the wall of the vessel. The cytoplasmic strands are of the present which resemble the axons present. But lacking this histological picture it has not been possible to establish their identity.

The concentration of mitochondria and vesicles in these axons suggests this may be preterminal segment of the nerve. X 20,000.



PLATE 3

EXPLANATION OF FIG. 1



4. Label: The area approximately 30 micrometers in diameter is present in the outer portion of the Malpighian capsule. It is taken from the same block (series and 3). This vessel differs from that in figure primarily in that the smooth muscle layer is reduced to slender processes of smooth muscle cell supported by the basal ground material. Again, a part of the endothelial basement membrane (see accompanying tracing) indicates some contraction. The endothelial cells show prominent nuclei present (two). The cells are in junction locally but free from the basement membrane. The basement membrane of the endothelium merging with the basement membrane of the interstitial connective tissue surrounding the smooth muscle remains prominent. Several perithelial cytoplasmic processes are present. They may constitute cytoplasmic extensions of endothelium, of perithelium, or of smooth muscle or even of neurons. Portion of three

cytes or adventitial cells of smooth muscle or even of neurons. Portion of three adventitial cells a pre- b-7c x 23,000.



## PLATE 4

### EXPLANATION OF FIGURES

5 Rabbit Tibial arterial cut obliquely displays characteristic endothelium particularly noteworthy here for the membranous and vesicular components of the cytoplasm (M.C.). The endothelial basement membrane is thicker and is placed in folds irregularly by abluminal endothelial protrusion (E.P.). The adventitial layer includes many slender cytoplasmic processes lying within the connective tissue ground substance (See figures 4 and 7 for the rabbit and compare with figure 10 for the dog.) Again some of these appear to be smooth muscle; others possibly minimal extension of the endothelium or extrusions of adventitial cell cytoplasm. Possibly some of the cytoplasm is smooth muscle.  $\times 3,000$

6 Rabbit Tibial arterial vessel lies within the white pulp. It consists of endothelial cells, two of which have portions of nuclei included in this section, surrounded by basement membrane which in turn is enclosed by a layer of adventitial cells. The endothelial cells meet and completely efface the lumen. The endothelial cytoplasm contains moderate number of mitochondria, RNA particles, vesicles, and glycogen. Note the arrow denoting in relation to the cell membranes cell junctions, resembling desmosomes. There are very slender cytoplasmic extensions (C.E.) lying in the basement membrane. A portion of the basement membrane is thick and notice very rich in fibers (F). Several adventitial cells (Ad) surround the structure they are surrounded by lymphocytes.  $\times 25,000$





## PLATE 5

### EXPLANATION OF FIGURE

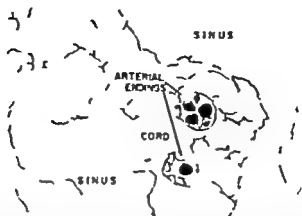
*Rabbit* This section includes two vessels in white pulp possibly near their bifurcation. The endothelium is low lying relatively oluminous lumen. The endothelial cells are rich in RNA particles and contain dense mitochondria. A noteworthy characteristic of the endothelium is its filamentous projections into the surrounding extracellular connective tissue (arrow). These projections become continuous with the irregular lamellae alternating with layers of the extracellular connective tissue. These layers follow a circumferential pattern around the blood vessel and around the interstitial cell which probably is an endothelial cell. The lamellae have junctions with similar extensions derived from endothelial cells. Compare especially with figure 20 of dog spleen.

This preparation was not stained (iter & thionin) < 25,000

SPLEEN ARTERIAL VEINELS  
Low Wides

PLATE 6

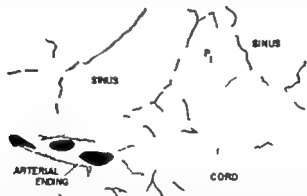
EXPLANATION OF FIGURES



8 Rabbit Most of this light microscopic field of red pulp is occupied by cord. It is a complex structure containing two terminal arterial vessels, sequestered cells (predominantly erythroblasts) and phagocytic cells. The nuclei of the terminal vessel are blacked in the accompanying tracing in which the distribution of reticulum is shown.

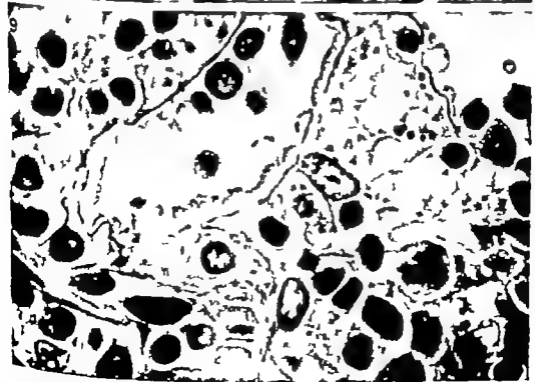
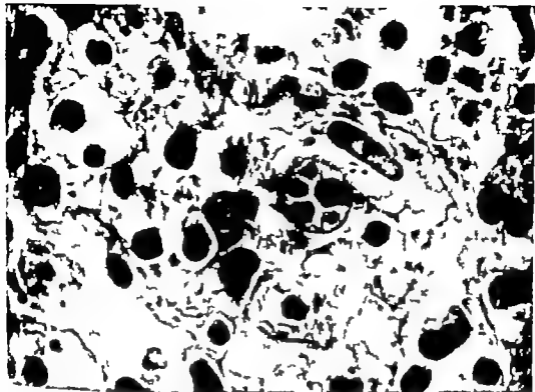
Note the variation in the number of nuclei present in the two arterial vessels and the variation in the height of the endothelium. A red cell is in the lumen of the upper vessel. The distribution of reticulum is richest around the vessels. The reticulum compartmentalizes the cord. These formations of reticulum seen in this and the next figure are cloaked by the cytoplasmic membranes as may be seen in the electron micrographs, figures 13 and 14. Many of the macrophages in the cord appear unattached to the reticulum. Note the free macrophage in the lumen of lower sinus.

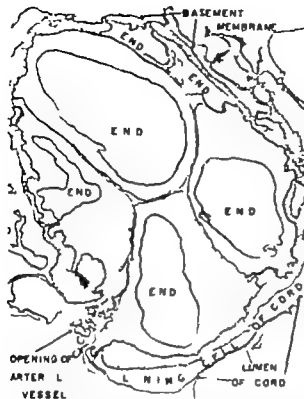
A portion of this field is reproduced as figure 7 in an earlier paper (W. J. W., '59). The tissue was taken from an animal with an acute hemolytic anemia. The preparation is sectioned at 3 microns, stained with PAS and hematoxylin and photographed at 1,500x.



9 Here terminating arterial vessel opens into cord. Note the continuation of the basement membrane of the arteriole with the pattern of reticulum in the cord. This cordal reticulum represents the continuation of the arterial terminal, one surface covered with cytoplasm continuous with the endothelial layer the other with cytoplasm continuous with the adventitial layer. Compare with electron micrographs figures 13 and 14. Note the macrophage labeled M in tracing. This cell is free and contains several red cells. To its left it is possible to recognize thin cytoplasmic covering of the cordal reticulum. In this preparation such lining cells of the cords, except in the region of the cell center, are attenuated and closely applied upon the extracellular connective tissue (= reticulum).

This section was cut from the same block and prepared in the same way as figure 8 X 1,500.





10 Rabbit. This is terminal arterial vessel, approximately  $25 \mu$  in diameter. It lies within the red pulp protruding and opening into arterial vessel (see accompanying tracing). The endothelium is high and displays minimal cell junctions. The endothelial cells are attached, for the most part, only to the basement membrane. Six cells constitute the endothelium here four of them having nuclei in section. Note the density along portion of the protruded plasma membranes. This is an occasional finding and may be seen in figure 6 as well. The endothelium contains few mitochondria, moderate concentration of RNA particles and considerable number of vesicles,

many of the latter associated with the plasma membrane and suggesting pinocytosis. Note the very fine membranous components of cytoplasm in several endothelial cells. The substance of the basement membrane is similar to that in the preceding vessels, although this membrane is very lightly impregnated with elastic fibers than that in the larger preceding vessels. The membrane here is prominent and shows far less convolution than in the arterial vessels. Smooth muscle appears beneath although some of the cytoplasmic processes in the right upper portion of the plate may extend from smooth muscle cells. The lower portion of the vessel is an example of the relationship between terminal vessel and the cord into which it empties. Here arterial endothelium lies on the obverse surface of basement membrane and the lining cell of the cord lies on its reverse surface. The lining cell of the cord actually lies in adventitial relationship to the arterial vessel. Not usually where the basement membrane is parted by the opening of an arterial vessel into cord the arterial endothelium may curve around the end of the basement membrane and come to line part of the cordal lumen. This is illustrated on the left side of the arterial opening in this plate. The opening here is a slender channel which widens at the cord. Note the macrovilli. The cord into which this vessel empties is filled with cells and only a small part of its lumen, at the microvilli, is empty of cells. This structure appears suited so efficiently to control blood flow into the cord.

This animal was given Thorotrast five minutes before the spleen was removed. There is little Thorotrast in the cordal lumen at the orifice of the arterial vessel. These details may be better seen in the following plate.

In material of the sort Thorotrast is often seen in moderate amount within the arterial endothelium, bounded by membrane. This suggests Thorotrast may leave arterial terminal vessel both through the wall and at the orifice.  $\times 30,000$ .



## PLATE 8

### EXPLANATION OF FIGURE

11. *Fig. 8b* This section is successive to that in figure 5 perhaps one half micron distant. Thorium dioxide (marked "T") is present in the arterial lumen and in the passageway between vessel. A macrophage lies in the cordal vessel at the mouth of the opening and it contains concentration of thorium dioxide possibly captured as the material passed through the orifice. Most of the thorium dioxide in the macrophage lies within vacuoles some of it is free in the cytoplasm unbounded by membrane. Except for that in the macrophage almost all of the thorium dioxide is extracellular. RNA ("R") of the arterial endothelium is deeply stained in this preparation and, on first glance may be confused with the denser more irregularly sized, shaped and organized thorium dioxide.

Again, note the presence of the cordal lining cell and the arterial endothelium separated by common basement membrane. A portion of a red cell is also present in the cordal lumen.  $\times 52,000$ .

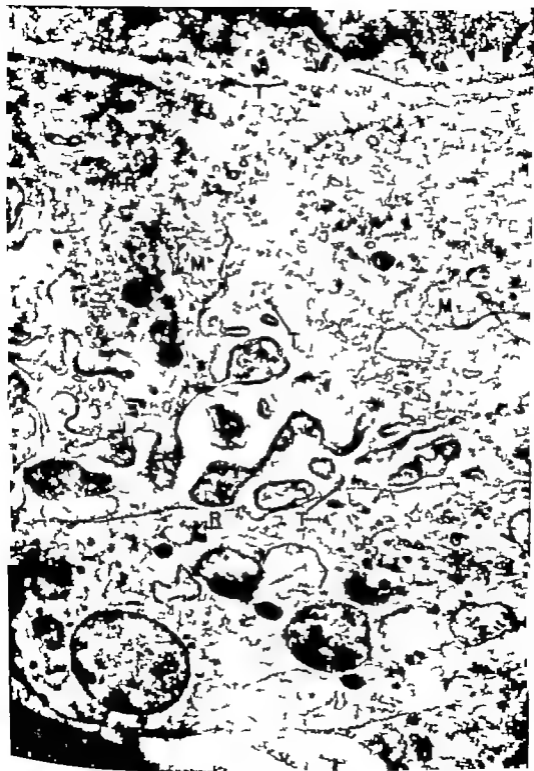
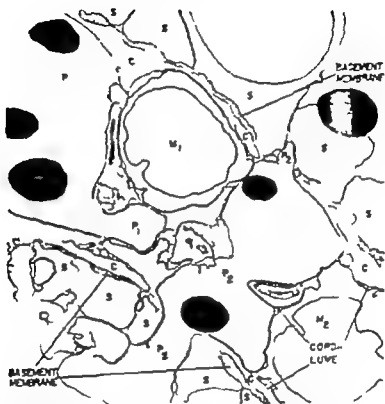




PLATE 10

EXPLANATION OF FIGURE

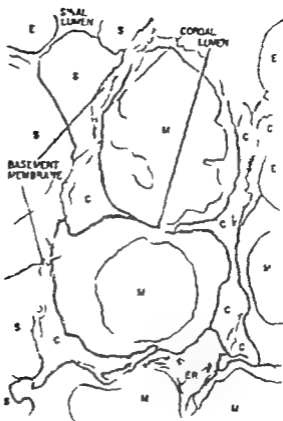


13 *Rabbit* In this section of red pulp a cord occupies most of the field. On another plane of section an arterial termination has opened into this cord and here the cordal lumen contains several prolongations of the arterial ending. Sinuses are present at right upper and left lower corners of the field. In the accompanying tracing which includes greater area than this plate the sinus lining cells are A, the cordal lining cells "C". A macrophage on the left, P, is present in the cordal lumen. The macrophage on the right, Pa, presents on the lumen of the lower sinus, passes through the cord undergoing a deep constriction by arterial prolongations and protrudes very slightly through the basement membrane of the upper sinus coming to lie between sinus lining cells. The arterial prolongations are surrounded by cells P, M, P, M. Virtually all of the cordal lumen is filled with cells. Small open areas of lumen are indicated in the tracing. The lining cells of the cord are flat and inconspicuous. 32,000.



PLATE 11

EXPLANATION OF FIGURE



11 *Rabbit*. This field contains portion of red pulp near arterial terminal sinus and includes portion of sinus. The tracings labeled in the same manner as figure 12. Note the lining cell of the sinus are higher than those of the cords. The cordal lumen is almost completely occupied by mononuclear cell. The lining cell of the cord rests flat in places in thickness. Note how the contours of cordal lining cells and mononuclear cell conform to one another. The lowermost mononuclear cell only portion of which included has a pronounced development of the endoplasmic reticulum in one portion (ER cytoplasm ER). Note the compartmentalization of the cordal lumen and compare to figures 8, 9 and 12.  $\times 36,000$ .



## PLATE 12

### EXPLANATION OF FIGURES

15 Rabbit This arteriole is just within the white pulp of rabbit spleen. The basement membrane largely trimmed away is visible in each of the corners (arrow). The vessel presents two not only features: 1. red cell present in the lumen moderately deformed and close against endothelial cytoplasm and 2. slender longist luminal cytoplasmic extension of the endothelium (C-E). Compare the latter with the slender luminal process present in figure 2, and with the abnormally endothelial projections present in figures 4, 7 and 20. Although lumen erythrocyte is present no effort was made to retain blood when this spleen was removed. 38,000

16 Dog This light micrograph was prepared as figure 8 and 9. Thorotrast has been administered 45 minutes before splenectomy. The field is of red pulp of dog spleen and includes the labeled artery. Note that the vessel within the sheath bifurcates and is provided with an interrupted basement membrane deeply stained with the PAS reaction. The endothelium is high completely effacing the lumen, although the meeting of endothelial cell luminal surfaces can be made out. The sheath is cellular and deeply marked by PAS reaction material. This material consists of extracellular connective tissue and accumulations of Thorotrast. Most of the large irregular granular material Thorotrast. Note the relation of the sheath to the surrounding red pulp. Compare with the remaining figures especially figures 17, 18 and 19. 750.



## PLATE 13

### EXPLANATION OF FIGURE

17 Dog This sheathed artery was sectioned from the same block that in Figure 16. The vessel consists of an endothelium lying upon basement membrane and embedded by a concentration of phagocytic cells. The endothelium here is high, the lumen small. The basement membrane is continuous except for a gap between I and II. The crescentic cell containing a nucleus in section lying above the labeled endothelial cell ("END") may also be endothelium protruding in this manner because of cell growth in direction or bifurcation of the vessel. Along the lower right margin of the plate the endothelium and basement membrane of what is probably a branch of this vessel may be seen.

Peripheral to the basement membrane is a complex of phagocytic cells mixed with irregular masses of ground material containing variable concentrations of fibers. Note the highly folded lengthy cell interdigitations of the sheath cells.

Most of the thorium dioxide is present within large cytoplasmic vacuoles. Many of these vacuoles moreover contain other interested material. A great deal of thorium dioxide is also present between cells and in the extracellular connective tissues.

No smooth muscle appears present here.

The area bounded by the rectangle is presented at higher magnification in the next plate. 4,000





## PLATE 13

### EXPLANATION OF FIGURE

19 Dog This is a portion of another beathed artery of the animal from which Figures 17 and 18 were drawn. Again, note the Thorotrast in masses in the reticulum, and between cells. Two kinds of cytoplasm appear present here: 1. less dense cytoplasm containing scanty to moderate amount of RNA particles, some relatively large mitochondria, but lacking granules or endoplasmic reticulum. There is little or no Thorotrast in this cytoplasm and it probably represents the more gelated ectoplasmic portion of macrophages. 2. dense cytoplasm containing vacuoles, mitochondria granules, and inclusions of Thorotrast. Several granules resemble the small mitochondria present here in size, contour and the presence of an external membrane.

In figures 18 and 19 distinction must be made between RNA particles and Thorotrast, as in Figure 11. Again note that some of the larger aggregates in figures 18 and 19 made up of Thorotrast, and dense almost spherical bodies probably derived from red cells, may actually be extracellular.  $\times 27,000$ .



## PLATE 17

### EXPLANATION OF FIGURE

2) Dog This is sheathed artery from a dog who had gotten no Thorotrast. Note the endothelium is quite low being particularly stenosed on the right, and the lumen, containing coagulated plasma, is large. The endothelium, in the sheathed arteries examined almost always formed a complete layer although the endothelium may be still thicker than two cell membranes. There is no basement membrane present here. The sheath cells are rich in RNA and contain many a diverse inclusions and vacuoles. Broad irregular bands of ground substance run throughout the field. Highly folded cell junctions are also evident. In places the cytoplasm contains amorphous, granular variably dense ground material identical with that present extracellularly. Dense masses are present in the reticulum.





## DISCUSSION

*Arterial endothelium*

The arteries in this material were characterized by a high endothelium and a reduced lumen although this was not in invariable finding in the terminal vessels.

A high endothelium in the terminal segments of arterial vessels in the spleen has been reported by Bannwarth (1891) Weidenreich ('01) Solnitzky ('37) Snook ('30) and especially MacNeal Otani and Paterson ('27). A cuboidal or columnar endothelium has been noted in the capillaries of some perineural connective tissues and in the uterus (Renaut, 1881; Zimmerman, '23 Altschul '54). Interesingly Renaut stresses the value of osmium tetroxide as a fixative in preserving the height of the endothelium. A high endothelium is also characteristic of the post-capillary venules in lymphatic tissue (Hummel, '35 Smith and Hénon, '59). The height of this endothelium fluctuates being high when the surrounding lymphatic tissue is active and low when inactivated (Pirro quoted by Smith and Hénon, '59). In lymphatic tissue in the intestine of the rat, moreover the endothelium of a given vessel running subcapillary was high on the side with lymphocytes and low on the subcapsular side (Hummel, '35). The endothelium of post-capillary venules displays a marked reaction for esterase as determined by Padykula's modification of Pearsons method (Smith and Hénon, '59). The endothelium of the splenic arterial system in rabbits in material prepared for me in Dr. Padykula's laboratory by the method used by Smith and Hénon, was very faintly positive or negative.

A high endothelium extending through the arteriolar and arterial capillary system may be distinctive for the spleen, and absent in the rest of the reticuloendothelial system. Zamboni and Pease ('61) do not report a high endothelium in the arterioles and capillaries of the marrow of the guinea pig and the electron micrograph of an arteriole they provide displayed an unremarkable endothelium. Nor to my knowledge has the finding of an unusually high arterial endothelium been reported for liver. I have reviewed by light microscopy

preparations of marrow and liver of rabbit embedded in methacrylate after fixation in osmium tetroxide and stained by the PAS method, and have found only a few arterioles in bone marrow with a high endothelium.

Some of the terminal arterial vessels in the dog resembled some of those in the rabbit in the presence of slender abluminal endothelial projections or plates continuous with similar cytoplasmic projections derived from adventitial cells. These processes wind irregularly around the vessel. Separating them are layers of extracellular connective tissue. These formations account for the dense closely woven reticular fibers noted by Snook ('58) in the rabbit. Abluminal endothelial projections or basal fringes have been observed in other endothelium notably in the kidney and cerebrum (Zimmermann '23 Altschul '54). The structures seen here appear well laid out to modify directly the state of gelation and other characteristics of the extracellular connective tissue over a widespread perivascular area in relation to endothelial activities. Changes in gelation of the connective tissue would affect transport and the capacity of smooth muscle or other elements to change the caliber of the vessel. A lesion characteristic of the collagen disease diffuse lupus erythematosus is the onion-skin artery in the spleen (Klemperer Pollack and Baehr '41). It seems likely that this lesion is an exaggeration of connective tissue lamellations similar to those described here.

*Sheathed capillaries*

The spleen of the rabbit and the spleen of the dog are different after Thorotrast. In the dog the Thorotrast was concentrated in the sheath. In the rabbit it was concentrated around the terminations of the arterial capillaries.

A major function of the sheath therefore is the clearance of plasma. This conclusion was drawn by Schweigger Seidel (1862) Hueck ('29) and Mills ('26).

The sheath bears comparison with the centrolobular region of the renal glomerulus. Within five to ten minutes after intravenous administration, Thorotrast en-

ters the centrolobular region in high concentration, penetrating the intercellular substance between intercapillary cells (Latta Mairnsbach and Madden, '60)

It is likely that the primary pathway of materials into the sheath is through the arterial endothelium rather than from the surrounding red pulp. The reaction of the endothelium to Thorotrast suggests this transfer since reticular cells subjacent to the endothelium have vacuoles rich in Thorotrast before the more peripheral reticular cells and the pulp around the sheath gives no consistent evidence of Thorotrast retention. However material can reach the sheath from the periphery to a more restricted degree (Mills '26)

Knisely's ('36) observations on the contraction in the sheath is stimulating in light of Mills and Solnitzky's ('37) observations which I can confirm, that smooth muscle is lacking in the sheath. Their cytoplasmic fibers may indicate a contractile capacity for the endothelium. Varying degrees of hydration and swelling in the sheath or in the endothelium

may close or open its vessel. As mononuclear blood cells become phagocytic they increase in volume and their cytoplasmic basophilic (= dye binding by RNP) diminishes (Weiss and Fawcett, '53). Gersh and Bodian ('43) observed a parallel situation in anterior horn cells undergoing Wallerian degeneration wherein nerve cells increased in volume with decrease in Nissl substance. They hypothesized that the large RNP molecules broke down into smaller osmotically more active compounds with the result that the cells imbibed water and swelled. They demonstrated that these swollen cells contained a greater than normal concentration of water by the presence of larger ice crystals on freeze-drying. Cells of the sheath, and, indeed, the endothelium, are rich in RNA; the former are phagocytic and these considerations may apply. Whatever the mechanism, the capacity of macrophages to vary size, shape and volume quickly and significantly is evident from their behavior in tissue culture (M. Lewis '25, Weiss and Fawcett, '53). It is probable, moreover that Knisely's observation of the abrupt cessation of flow in the sheath de-

pendent upon a high endothelium effacing the lumen.

#### *Connection of arterial vessels and cords*

The type of connection between arterial ending and cord observed in this study was of the following sort. A vessel, perhaps 25 to 30  $\mu$  in diameter protrudes into a cordal lumen. Its first opening into the cord is through a slender slitted opening in its side running from the arterial lumen, between arterial endothelial cells, piercing the basement membrane, passing between adventitial cells, and finally communicating with the cordal lumen. At this point of entrance the arterial wall consists of three elements: endothelium, basement membrane and adventitial cell which in fact, constitutes a lining cell of the cord since its free surface presents on the lumen of the cord. As the vessel passes further into the cord the arterial endothelium becomes less high, the rest of the wall becomes thinner and more openings into the cord appear as radi from the lumen. As a result the wall becomes quite incomplete and may be represented as pronged or fingerlike extensions of the arterial wall fanning out into the cords, continuous with the partitions compartmentalizing the cords (*vide infra*). In the periphery of the splenic lobule (Mall, '02) away from the entrance of the arterial capillary the cords of the rabbit are somewhat wider poorer in these partitions and come closest to resembling sinuses. The channel between arterial vessel and cord as observed here, is clearly dependent for its diameter on the height and volume of the arterial endothelium. The arterial endothelium as MacNeal, Otani and Patterson ('27) stated is well disposed to control corpuscular and plasma flow into the cords.

#### *Relations of cords and sinuses*

I believe that the interpretation of cords as blood vessels gains additional support from these observations. The cords are lined by cells similar to the lining cells of other reticuloendothelial blood vessels and they have direct connections with arterial blood vessels. The cords and sinuses form a dynamic system of vessels capable of profound reorganization and

change in form (Weiss '59). It is clear however, from my continued study of this material under experimental conditions (Weiss, '59) and in the present work, that the cords may not be considered, as I suggested earlier (Weiss '57) simply as collapsed sinuses. They differ from sinuses primarily in that they are partitioned by strands or plates of extracellular connective tissue clothed by reticular cells. This connective tissue, impregnable by silver and reactive to the periodic acid-Schiff procedure has classically been recognized as a component of the reticulum of the spleen (Mall, '00 '02 Snook, '50 '58). If one recognizes the cords as blood vessels it seems appropriate and in accordance with modern usage supported by electron microscopy to designate this connective tissue as a basement membrane since it underlies the lining cells of the vessels. The relationship of cords to sinuses in human beings has been defined by Koboth ('39) on the basis of reconstructions made from sections stained for reticulum. She characterized the cords as consisting of space compartmentalized by regularly spaced fibers of reticulum, forming a mantle around a sinus. A given cord, separating two sinuses, formed two such nodosities, one for one sinus the other for the other. Rather heavy strands of reticulum, moreover ran down the middle of the cord, separating it into halves and forming the peripheral margin to each of the two mantles. Earlier ('38) Blechschmidt had suggested cords might be part of the vascular system. Koboth states that this mantle is not extravascular but a vessel. It communicates with the sinus, and constitutes with its sinus the unit of structure of the red pulp. She pointed out, moreover that sinus and mantle had the same type of lining cell. Thus priority in establishing the vascular nature of all of the red pulp belongs to Koboth and Blechschmidt.

A further point of difference between cords and sinuses is that cordal lining cells tend to be much flatter in regions away from the cell center than do sinus lining cells. The cordal lining cells in the unstimulated spleens comprising the material of this study may be so attenuated that their presence would go un-

recognized in the light microscope. A free macrophage pressed against such a lining cell would be interpreted as attached to the basement membrane (see fig. 13). Except in those cases where the lining cells have been stimulated to leave their basement membrane they are present over the whole surface of the basement membrane and thus help establish the fundamental pattern of the red pulp viz.: lining cell, lumen lining cell, basement membrane lining cell, lumen.

#### *Separation of plasma and corpuscles*

As inferred from a highly corrugated basement membrane and deep complex endothelial infoldings the diminution of the lumen in the arterial vessels studied here was due to vascular constriction consequent to cessation of distending blood pressure agonal or fixation-induced constriction of blood vessels and collapse of the organ. Knisely ('36) apparently found blood flow through these vessels unremarkable except during contraction of the sheath. With fixed under pressure equal to normal blood pressure the vessels underwent only moderate distension and the endothelium though flattened, maintained a cuboidal form. The well known difficulty in obtaining perfusate through splenic arteries when introduced through the splenic vein (Stieda, 1862 Mall, '02 Tait and Cashin, '25 and, especially Mills '26) may be in part laid to this obstructive arterial endothelium. In life there must therefore be considerably more luminal volume in many arterial vessels than seen here. But alight arteriolar constriction or increase in volume of the endothelium may considerably diminish or efface the lumen. Four possibilities suggest themselves depending upon the extent of vascular constriction 1 blood flow in an arteriole or arterial capillary completely blocked 2. plasma passed and cells thereby concentrated in a proximal segment 3 erythrocytes forced through a narrow irregular channel beset with nodosities and 4 blood flow unimpeded.

In addition to any hemococoncentration in a proximal arterial segment following arteriolar or capillary constriction, the applicability of plasma skimming to this



splenic system of arterial vessels must be considered. This phenomenon depends upon the marked tendency of plasma to flow in the peripheral and not the axial blood stream and is enhanced by branches leaving the main stem at large angles approaching 90°. Thus Pappenheimer and Kinter ('36) hypothesized that the afferent arterioles of the juxtamedullary glomeruli would skim most of the plasma from the blood of the interlobular artery leaving the subcapsular afferent arterioles blood with a relatively high hematocrit. The layout of the arterial vessels in the white pulp and marginal zone would appear adapted to this sort of partition with some branches having higher hematocrits than others. I have found a great number of right-angled branches in the splenic arterial bed and it is evident from the figures of Jäger ('29) MacNeal, Otani and Patterson ('27) and Snook ('30-'58) that they have. Interestingly Hueck ('29) observed that the narrow radiating follicular capillaries carry mainly blood plasma.

The arteries are morphologically suited to active transport. They are rich in mitochondria, contain vesicles in the cytoplasm and at the cell surface and display moderate to marked surface activity. After Thorotrast, moreover this material is present within vesicles in the arterial wall and in the basement membrane. One may postulate therefore the passage of fluid across the arterial wall, further concentrating the luminal corpuscles.

Beyond the arterial system, other mechanisms for hemoconcentration are present. Knisely ('36) observed a red cell mass sequestered in a sinus progressively concentrated as its plasma leaked out into the surrounding pulp. Björkman ('47) found that starch grains roughly of blood cell size stayed in sinuses while smaller ones went into cords. Barcroft and Poole ('27) and Barcroft and Florey ('28) showed that blood in the red pulp of dogs and cats has a higher hematocrit than in the peripheral blood because splenic lymphatics carried plasma away. Interestingly Barcroft and Florey rejected plasma skimming as the basis of hemoconcentration of the whole pulp because shutting down venous return did not bring the

process to a standstill but enhanced it. This does not, however rule out plasma skimming within the white pulp.

#### Trauma to red cells

In their passage through the arterial vessels of the spleen therefore, red cells may be subjected to mechanical trauma and to concentration not imposed in other arterial beds.

Splenic arterial vessels may compress red cells subjecting them to mechanical assault. It is true that red cells are distorted as they squeeze through common capillaries. But these are easily distensible tubes whereas the arterial vessels are thick walled muscular structures capable perhaps of an action that of the crop of a bird. Red cells become mechanically more fragile as they age, as determined in the dog by Stewart, Stewart, Izzo and Young ('50) mechanical fragility appears significant *in vivo* since reticulocytosis (Brown, '33) increased bilirubin excretion (McMaster, Brown and Roux, '23) have been observed in dogs vigorously exercised after rest. Concentration of red cells would likely enhance their susceptibility to mechanical trauma, particularly if they have suffered a drop in zeta potential which normally accounts for their mutual repulsion. Red cells would be forced against other cells and not cushioned by plasma. Such concentration and a dense population of macrophages as occur distal to the arterial vessels moreover, provide red cells with hazards in addition to mechanical trauma (Ham and Castle, '50-Whitby '55 and Crosby '59) This cellular passage may influence the life span of red cells and constitute one factor in establishing the spleen's action in taking certain red cells out of the circulation which other organs let by. The site of destruction of normally aged red cells is discussed in the appended review.

#### SUMMARY

Arterial vessels in rabbit spleens form a rich vascular network in the white pulp and terminate in the white pulp marginal zone cords and in small number sinuses. This system of vessels possesses a high endothelium. In terminal vessels the endothelium is frequently high effacing the

lumen, but it may be low. The endothelium forms a complete layer. The endothelium of terminal vessels may be rich in mitochondria, RNA, vacuoles, granules and presents an irregular luminal surface. A basement membrane is present in arterioles and present, as well, even in terminating arterial capillaries. Muscle and adventitial layers are present in arterioles.

The muscle and adventitial cells are enveloped in a ground material containing variable concentrations of fibers continuous with the basement membrane of the endothelium. This complex of extracellular connective tissue is brilliantly stained in the periodic acid-Schiff reaction and constitutes a portion of the classically defined reticulum as revealed by methods of silver impregnation. The adventitial layer contains cells of varied conformation, often rich in RNA, mitochondria, granules and vesicles. The endothelium and the adventitial cells display long slender processes which tend to wind about the vessels in irregular lamellations alternating with layers of extracellular connective tissue.

The limited number of arterial endings observed under the electron microscope connected with cordal vessels not sinuses. The arterial lumen communicates with the cordal lumen by narrow clefts through the arterial wall. As the arterial vessel runs further into the cord, additional clefts develop in its wall, and its wall became reduced to finger-like or pronged extensions which continued further into the cord and compartmentalize it. Cordal lining cells are often very attenuated in regions away from the cell center. Sinuses lacked the compartmentalized character of the cords and their lining cells tend to be higher.

In the dog, unlike the rabbit, the terminal arterial capillaries bear a sheath of phagocytic cells embedded in swaths of ground substance. Typically an incomplete basement membrane ensheaths the endothelial tube — although it is sometimes complete and sometimes absent. It is continuous with the ground substance of the sheath and with it forms the reticulum of the sheath. The endothelium was similar in appearance to that of

terminal arterial vessels in the rabbit. The sheath cells display complex convoluted cell junctions and also slender cytoplasmic extensions which may be continuous with the basal cytoplasmic extensions of the endothelium.

After the administration of Thorotrast in the rabbit most of the colloid was present intra- and extra-cellularly in the cordal vessels around the arterial endings. Most of the intracellular material was in free macrophages and not in lining cells. The walls of the terminal arterial vessels and the lining cells of sinuses contained a slight amount of Thorotrast. In the dog the Thorotrast was concentrated in the cells and in the ground substance of the sheath. It was present in the endothelium and basement membrane of the sheathed capillary. With the doses employed only small to moderate amounts were present elsewhere in the red pulp.

It appears that in life, depending upon the degree of constriction, or upon the height of the endothelium in these arterial vessels, four possibilities are present in regard to the flow through them. 1. Blood flow is unimpeded. 2. Erythrocytes are drubbed through narrow nodose irregular channels. 3. Plasma is passed and erythrocytes retained and thereby concentrated. 4. Blood flow is stopped. The possibilities of further corpuscular concentration due to plasma skimming and active transport of plasma across the arterial wall are presented. It is thought likely moreover that these arterial vessels impose mechanical trauma on red cells and therefore contribute to the spleen's capacity to remove selectively red cells which escape disposal elsewhere.

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## APPENDIX

### THE ROLE OF THE SPLEEN IN THE REMOVAL OF NORMALLY AGED RED CELLS

The reticuloendothelial system, and in particular the spleen, has been recognized as the site of destruction of senescent and pathologic erythrocytes. In such conditions as congenital hemolytic anemia and Thalassemia, characterized by a population of defective red cells the spleen may exercise so selective an action in taking red cells out of the circulation that splenectomy is followed by prolonged red cell survival and marked clinical improvement. However in other cases characterized by abnormal red cells as for example, acquired hemolytic anemia, accelerated red cell destruction may occur in the reticuloendothelial system as a whole the spleen having no special part, and splenectomy being of no value (Wintrobe, '56). It has become possible relatively recently to define experimentally the site of red cell destruction with the use of red cells labeled with radioactive isotopes and to determine the site of their sequestration in the body by externally placed counters or by removal and analysis of tissues.

Jandl ('58a, '58b '60) has defined conditions under which red cells damaged by antibodies were removed by the spleen or by the reticuloendothelial system as a whole. Where the red cells were only moderately damaged, as, for example coating them with metal-protein complexes or by reaction with the incomplete agglutinins of the anti-D system, they were sequestered in the spleen. On the other hand, when severely damaged by complete agglutinins of the anti-A B or O systems, or by lysins they were sequestered diffusely throughout the reticuloendothelial system with the liver as the chief site. Corbesh and Mollison ('58) reported similar findings. Wagner and his associates ('61) too have had similar findings, but they damaged red cells by heating rather than by agglutinins. When red cells were heated at 50 C for one hour

they were taken up by the spleen; when heated for two hours they were taken up primarily by the liver. The localization of red cells in the foregoing experiments was determined by externally placed counters in human beings. The red cells had been tagged with radioactive chromium.

With regard to the site of removal and degradation of normally aged red cells the conclusion has been drawn that the spleen has no special place (Singer and Weisz, '45 Miescher '56 Ehrenstein and Lockner '58). Singer and Weisz found no significant difference in red cell survival in dogs after splenectomy. They estimated the life span of red cells by noting, in dogs prepared with biliary fistulae the time elapsed between massive bleeding and augmented flow of bile. Miescher and Allgower quoted by Miescher ('57) report a case in which red cell life as determined by labeling with Cr<sup>51</sup> fell within the normal range after splenectomy due to trauma in a human being.

However evidence comparing life span in normal and splenectomized individuals must remain uncertain because removal of the spleen may remove influences on hematopoiesis in addition to erythrocytosis. End points in the determination of red cell life span by recognition of peaks of augmented bile flow moreover are notably imprecise and even with radioactive tagging a period of indeterminacy of several days must be accepted. In addition, it is likely that red cells produced after massive hemorrhage in the dog are not normal. In rabbits, life span after hemorrhage was 38 to 48 days instead of the normal span of 61 to 65 days (Neuberger and Niven, '51).

Additional information on the fate of normally aged red cells in intact subjects has been provided by labeling red cells with radio-Cr or radio-Fe by Miescher ('56) Ehrenstein and Lockner ('58) C.

A. Finch, Hegsted Kinney Thomas Rath Haskins S Finch and Fluharty ('50) and Hughes Jones and Szur ('57) Miescher reinjected 18 ml of a rabbit's blood after tagging the red cells with  $Cr^{51}$ . After 25 to 30 days the bone marrow contained 30 to 75% of the radioactivity; the liver 23 to 49% the spleen 6 to 40%. From these data and the results of his experiments on red cell life span after splenectomy cited above Miescher concluded that in physiological erythroclasia the spleen had no special part. However this material examined about one month after administration of  $Cr^{51}$  appears to neglect possible movement of the tag by elution from the cells or after degradation of the tagged red cells. Gray and Sierling ('50) who introduced the use of radio- $Cr$  for labeling red cells suggested that hexavalent  $Cr$  is taken up by erythrocytes and trivalent  $Cr$  combines with plasma protein. After red cells are labeled with the hexavalent  $Na_2Cr^{6+}O_4$ , however the  $Cr$  is reduced to the trivalent form within the cells. Kraitz and Talmage ('52) followed the fate of intravenously administered trivalent  $Cr$  and found in both rabbit and rats although there were significant differences in the manner in which these species handled the material, a considerable amount of radioactivity went to bone. By radioautographs of tibia moreover it was learned that the radioactivity was harbored in marrow diffusely — not in erythroblasts or other cells.

Miescher's conclusions on the role of bone marrow and the lack of selective activity by the spleen in normal red cell destruction have been supported by Ehrenstein and Lockner. Twenty milliliters rabbit blood were replaced with a corresponding amount of washed red cells from a sister animal, all labeled with  $Fe^{59}$ . After a few hours labeled iron was located in the depot  $Fe$  fraction (in ferritin or hemosiderin) of various organs and from this data it was concluded that red cells had been broken down in these organs. Ehrenstein and Lockner found the depot  $Fe$  concentration in the spleen higher than that of any other organ studied but calculated that 74% of the radioactivity was present in marrow and 2.0% in spleen.

They state that the spleen is 1/35 the volume of red marrow arriving at this figure, presumably by multiplying the marrow/spleen ratio of radioactive depot iron by the marrow/spleen ratio of the concentration of radioactive depot iron. Despite the relatively small size of the spleen in the rabbit a volume of red marrow 35 times that of the spleen seems excessive. Richet (1894) gives the ratio of spleen/body weight in the rabbit as 0.545 gm/kilo. This is roughly 1/2 000 body weight. If the assumption of red marrow as 1.1% of body weight given by Ehrenstein and Lockner is accepted the red marrow would be only 20 times the volume of the spleen. For this reason it would be of great interest to learn the distribution of depot iron radioactivity in this material at longer time intervals than a few hours after the transfusion of radioactive cells. The bone marrow may reach saturation more quickly than the spleen. Even after so short a period moreover it would be of value to know if there had been any appreciable transfer of ferritin from spleen to marrow. Iron in the body is efficiently reutilized for hemoglobin production and the marrow of course is the erythropoietic organ. It is important, moreover considering studies on rabbit red cells to note that, different from human red cells, a significant number are destroyed early in their career. Neuberger and Niven ('51) determined that few red cells in man died before reaching an age corresponding to about three-fourths or four-fifths of the mean life span. In some rabbits on the other hand, at least a significant proportion of cells are destroyed within one or two weeks of their appearance in the circulation. Such cells may be handled as those red cells badly damaged in the experimental studies of Jandl ('58a, '58b '60) Finch et al. ('50) Miescher ('56) and Cutbush and Mollison ('58).

In their study of iron metabolism, Finch and his associates provide data on the site of red cell destruction in dogs. After the circulating red cells in two dogs had been labeled with  $Fe^{59}$  the animals were loaded down with non-radioactive iron to block reutilization of  $Fe^{59}$  and thereby prevent its dispersion from sites where

red cells had been destroyed. At death 15 months later the concentration of radioactivity in the spleen exceeded that found in liver by a factor of roughly four in one animal and two in the other. An analysis of bone marrow was not presented. It would appear that the interpretation of red cell destruction as applied to normal red cell destruction is complicated by the extensive deposits, even in non-reticuloendothelial organs, of non-radioactive hemosiderin. This was the price paid to prevent radio-Fe reutilization. These deposits may have accumulated to a degree affecting the normal circulation in the spleen, liver and bone marrow before most of the labeled cells were ready for removal.

Hughes Jones and Szur ('57) followed the course of radioactivity by surface counting at one to seven day intervals in each of five patients with localized carcinoma in whom 3 to 6 ml of blood had been injected after labeling with radio- $^{59}\text{Fe}$ . By the twenty-fifth day half of the  $^{59}\text{Fe}$  had left the blood and the greatest excess count relative to the heart was 150/min. for liver and 300/min. for spleen. After considering the errors inherent in surface counting and elution, Jones and Szur conclude, because of the excess counts over the spleen, that the spleen likely destroys normally aged red cells.

Noting Jones and Szur's and Miescher's doubts the question arises as to the effectiveness with which marrow may be detected by surface counting. It is of interest here that in Winkelman, Wagner, McKee and Mozley's results ('60) in which a scanner traveling over the thorax and abdomen of a supine subject records radioactivity on an x ray plate which is then also exposed for a conventional x ray of the upper abdomen and thorax, no activity is registered from the sternum, ribs or vertebrae under conditions where registration from spleen and/or liver is marked. While it is likely that radioactivity from marrow may be recorded by surface counting, it is possible that this technique gives extremely high values for the spleen. This possibility arises from the work discussed above on the concentration of red cells in the splenic pulp. Such concentration may occur in the course of nor-

mal blood flow unassociated either with sequestration or blood destruction.

None of the studies cited on red cell destruction have been supported by comprehensive histological examination. The value of histological observations in experiments in which radioactivity alone is estimated is apparent since it is not the red cell which is tagged that is followed but the tag itself. The tag may be present in intact cells in fragments of red cells, remain adherent to hemoglobin or be eluted from the red cells. It may be transferred to macrophages phagocytizing whole or fragmented red cells or if the tagged entity is reduced to sufficiently small size it may be accepted by virtually any pinocytotic cell. Littoral macrophages in the red pulp may remain as part of the system of lining cells. Other macrophages, derived from the lymphocytes and monocytes of the cords or detached from their littoral fastenings are free and may move within the spleen and be swept through the splenic vein into the liver. They may remain there giving deceptively high values to liver radioactivity if they carry the tag, or flow out into the pulmonary bed. They may thence enter the alveolar space or possibly pass through the capillary bed. The former may be expectorated or swallowed, the latter are destined for the systemic circulation. Along their course the macrophages may be disrupted and their contents, along with the radioactive label, handled by other elements in the reticuloendothelial system. Or if the tag is eluted or reduced to a sufficiently small complex, that portion not excreted would be handled by kidney bone marrow liver or spleen in the manner described by Krafft and Talmage ('52) and Visek, Whitney Kuhn III, and Comar ('53). Reconsidering the intact labeled erythrocyte, it is clearly important to distinguish transient sequestration as described for example by Knisely ('38) and the movement of normally concentrated streams of formed elements as may occur in the spleen, from that terminal trapping antecedent to destruction. The reader is referred to Wilson's paper ('56) and discussion that follows by Knisely and others, for further discussion.

ences to the movement of macrophages Miescher ('57) moreover reviews and contributes new data on the manner in which red cells are broken up and phagocytized

It is clear that under experimental and pathological conditions moderately damaged red cells are removed by the spleen and severely damaged red cells by the reticuloendothelial system as a whole. The role of the spleen in the physiological destruction of red cells probably turns on how rapidly a red cell declines from a viable to a non viable state. Should red cells normally decline abruptly to the counterpart of severely damaged experimental or pathological cells they may be removed diffusely through the reticuloendothelial system. Or should they be harbored in marrow or elsewhere during a period of more gradual deterioration and released to the blood in a markedly degraded state the same fate would await them. However if red cells deteriorate gradually while circulating they may pass through a stage of moderate damage during which time the spleen might exercise its special power in removing red cells. There is evidence that red cells do gradually deteriorate as they age (Crosby '59). This stage may be long enough to expose the red cells to the spleen yet short enough to lie within the period of indeterminacy of available methods for determining life span. Jandl's estimate of splenic blood flow in human beings based upon the hemoglobin concentrating in the spleen and splenic blood mixing time as 4% of the circulating blood each minute provides more than 500 passes every 24 hours for the spleen. As mentioned above, the period of indeterminacy in isotopic method of determining red cell life must be put at least several days. I proffer the possibility that those cells living the greater part of their statistical life span may decline sufficiently slowly to pass through a phase in which they are vulnerable to the spleen. Only if they elude the spleen by languishing elsewhere during their decline are they removed throughout the reticuloendothelial system. In the rabbit where a significant portion of red cells may be defective at the outset, the

spleen may be less active in physiological blood destruction than in man.

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# Cytogenesis of the Human Fetal Pancreas<sup>1</sup>

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The initial survey of pancreatic islet formation in the human fetus was reported by Pearce ('03) who described the origin of the islets from the primordia of the pancreatic tubules. The islets were first identifiable in a 54 mm fetus as clusters of small eosinophilic cells attached to the tubule but following vascularization, as observed in a 90 mm fetus they became separated from the tubules by an encroachment of connective tissue. by Seyfarth ('20) and Nakamura ('24) confirmed the origin of the islets but differed from Pearce in that they found the first islets in 50 and 80 mm fetuses respectively.

The occurrence of two cell types in the fetal islet was initially reported by Weichselbaum and Krysz ('09) while Kardasewitch ('27) described two cell types within the duct system of a 45 mm fetus. The first indication of islet development was noted by Kardasewitch in a 60 mm fetus when small darkly stained cells, the "Inseldruesen," began to proliferate but "typical" islets were not observed until the 80 mm stage.

Neubert ('27) also described the development of islet cells from ductule epithelium and, in addition, from cells located at the terminal ends of the ducts. These cells contained intensely stained granules and exhibited a "muddy" appearance which was typical of all young islet cells. Furthermore, such scattered islet potential cells were always found on the outer surface of groups of cells arranged around adjacent blood vessels a grouping referred to by Neubert as an "Inselfeld."

In a more recent study of the fetal pancreas, Ferner and Stoeckenius ('31) divided islet development into three stages: (a) single cells, (b) "Inselfeld," and (c) "Marmorinsel." The first stage observed in a 130 mm fetus consisted of alpha cells within the walls and terminal processes

of the duct system and beta cells within the walls of the intercalated ducts and terminal processes. These alpha cells were considered to be the "muddy" cells previously described by Neubert ('27). Beta cells were not as numerous as alpha cells and always appeared in close proximity to the blood capillaries.

In the "Inselfeld" stage, single or small groups of cells had accumulated to form islet processes. These islet processes contained alpha and beta cells and also a rose-colored cell with ungranulated cytoplasm. In the "Mantelinsel" stage, the beta cells were present as a core within the islet and were surrounded by the rose-colored cells which were, in turn, enclosed within a shell of peripherally located alpha cells. The intermediate zone of the islet was considered by Ferner and Stoeckenius to be an area of transformation in which the alpha cells lost granules and acquired the characteristics of the beta cells, since some of the rose-colored cells contained a few alpha granules and others contained a few beta granules.

In contrast to the numerous reports of islet development in the human fetus there have been few studies concerned with the development of the pancreatic acini. The first account is that of Neubert ('27) who described the geometrical development of the acini but did not, however describe the staining characteristics of the acinar epithelium. Several investigators have made cursory observations on the time of appearance of the acinar cells. These include the presence of acini in a 25 mm embryo (Kardasewitch, '27) a 42 mm fetus (Lewis '12) and in a fetus of nine weeks (Leigner '32).

Although there is general agreement regarding the mode of development of the

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pancreatic parenchyma there is obvious lack of agreement as to the stages at which the developmental events occur. In addition the description of Ferner and Stoockenius ('51) of the conversion of one cell type into another differs from the reports of other investigators. One of the reasons for these discrepancies may be the variety of staining methods employed many of which were nonspecific or only partially selective. These techniques included picric acid and eosin or safranin (Pearce '03) differential solubility (Lane '07) neutral gentian and acid fuchsin (Bensley '15) Mallory-azan (Bloom '31) and chrom alum hematoxylin and phloxins (Gomori '41 Ferner and Stoockenius '51). The most selective staining method thus far developed for the demonstration of all islet cell types i.e., aldehyde fuchsin (Gomori '50) and Masson trichrome (Masson '29) has not been previously employed in a study of the development of the pancreatic islets of the human fetus.

The present study was undertaken in an attempt to describe the sequential development of the parenchyma of the human pancreas employing the aldehyde fuchsin and Masson trichrome techniques and other contemporary histochemical methods. Particular attention was directed toward the histochemical differentiation of both islet and acinar tissues in order to (a) describe the process of cellular maturation and (b) to determine the time of development of the several cell types.

#### MATERIALS AND METHODS

The tissues employed in this study consisted of samples of pancreata from 54 human fetuses ranging in size from 29 mm to approximately 360 mm crown-rump length. This size range corresponds to the eighth week through the thirty ninth week of fetal development (Patten '33). The specimens were fixed in either 10% neutral buffered formalin, Bouin's fluid or Zenker formal. After paraffin or celloidin-paraffin embedding the tissue sections were subjected to the following staining procedures hematoxylin and eosin or the Masson trichrome method, (Masson '29) for routine histology aldehyde fuchsin (Gomori, '50) Masson A

and light green as a distinguishing stain for the beta, alpha and delta cells of the pancreatic islets; periodic acid Schiff and colloidal iron (Mowry '58) controlled by digestion with diastase, for identifying glycogen, neutral and acid mucopolysaccharides methylene blue buffered to pH 5.8 controlled by digestion with ribonuclease, for the demonstration of ribonucleic acid Bodian's protargol procedure (Lillie, '64) for revealing argyrophilic cells; the dimethylaminobenzaldehyde technique (Adams '57) for the staining of tryptophan containing proteins; the Altmann-Masson procedure (Severinghaus and Thompson, '39) for demonstrating mitochondria; incubation in naphthol-AS-acetate and garnet GBC (Gomori, '52) for exhibiting nonspecific esterase activity.

In the description which follows the specimens have been arbitrarily divided into several selected age groups which are expressed in terms of crown-rump length. This grouping was done in order to facilitate description and has no developmental significance.

#### RESULTS

The dorsal and ventral anlagen of the pancreas have fused prior to the onset of the fetal period. However the tissues derived from each of the anlagen can be distinguished by their relationship to the portal vein. There are no apparent differences between the parenchymal derivatives of the dual primordia at any stage of development.

At the beginning of the fetal period (circa 30 mm CR) the pancreatic parenchyma consists of a system of multi-branched epithelial tubules which terminate distally either as solid cords or as small clumps of cells (fig. 1). The latter will be referred to as cell buds since, as will be described, they ultimately give rise to both acinar and islet epithelium. Mitotic figures are numerous in the cell buds and in the terminal cell cords and less numerous throughout the remainder of the tubule system. The tubules (fig. 2)

Generally made available from the Embryological Research Collection of the Department of Anatomy, The University of Michigan Medical School, and from the Warner-Gree Cardiovascular Research Institute, Stockholm, Sweden, through the courtesy of Dr. Alexander Berry; Jonathan T. Lassar, and Job Lind, respectively.

re composed of moderately eosinophilic cuboidal cells which contain small, intensely basophilic nuclei. Acidophilic connective tissue fibers enclose the tubules while the sparse intertubular stromal fibers are argyrophilic.

20-85 mm CR (8-11 weeks). Throughout this phase of the fetal period, there is an increase in the number of epithelial buds at many sites along the duct system. Early in the period, certain of the cell buds along the course of the tubule system (paratubular cell buds) and also some of the terminal cell buds gradually acquire a basophilic cytoplasm. In addition, the nuclei of these cells are less intensely stained and consequently nucleoli are indistinguishable. Nucleoli are not visible in the duct epithelium at this stage and the nuclei are darkly stained.

Also at this time distinctive cell types become apparent with the appearance of argyrophilic cells in the pancreata of fetuses of about 30 mm CR length. These argyrophilic cells are located in the paratubular cell buds (fig. 3) but are not present in the terminal cell buds or within the walls of the tubules. Later in this period, about 55 mm CR, an occasional cell of the paratubular cell buds contains a few small Masson A positive granules finely scattered throughout its cytoplasm. These cells, which are considered to be alpha cells, are most numerous in the cell buds located within the head of the pancreas and less frequent in other parts of the organ.

65-90 mm CR (11-12.5 weeks). The lobules of the pancreas have an arborous type of origin but in their distal course exhibit a parallel arrangement. The interval between adjacent tubules is filled by a loose stroma of argyrophilic fibers and an extensive capillary network whose primary branches form plexuses around the tubules. The cell buds increase in size by cellular proliferation and by the end of the period, paratubular cell buds from adjacent tubules begin to merge with each other. Many of these expanding cell buds grow toward capillaries within the stroma and as the buds undergo fusion, as observed in an 85 mm fetus, the capillaries become enveloped within a mass of cells. This gives rise to the configura-

tion of a cordlike cluster of cells penetrated by a capillary bed and corresponds to the "Inselfeld" stage of Neubert (27).

Argyrophilic cells are now present in some of the terminal cell buds although still most abundant in the paratubular cell buds. Alpha cells are much more numerous and are present in the walls of the tubules and the terminal cell buds, in addition to the paratubular cell buds. These alpha cells are ovoid, about 20  $\mu$  in diameter with light gray cytoplasm that contains numerous red staining granules. The nuclei are large and contain prominent particles of chromatin and several large nucleoli. The alpha cell granules also stain positively after the dimethylaminobenzaldehyde (DMAB) technique (fig. 4).

Another distinctive cell type appears in the cell buds during the early part of this period. This cell, ranging in size from 15 to 22  $\mu$  in diameter has a large nucleus an occasional nucleolus and finely granular cytoplasm. Since the cytoplasm demonstrates affinity for light green, this is considered to be the delta cell. The remaining cells of the cell buds are the smaller basophilic cells which were previously described. Near the end of the period about 85 mm CR, many of the small cells of the cell buds stain simultaneously with aldehyde fuchsin and light green with the result that the cytoplasm is colored a pale gray and has a muddy appearance (fig. 5).

90-110 mm CR (12.5-14.5 weeks). The parenchyma has become organized into lobes and lobules (fig. 6) and the various parts of the duct system can be distinguished. The lobar ducts (fig. 7) consist of tall columnar cells while the intralobular ducts (fig. 8) are composed of a low columnar or cuboidal epithelium. The epithelium of the intercalated ducts (fig. 9) is either low cuboidal or simple squamous. The cytoplasm of all the duct cells is lightly eosinophilic while the nuclei are large and variably contain nucleoli.

During this period many of the terminal duct cells assume the acinar arrangement typical of the adult pancreas. The cells enlarge become pyramidal in shape, and are grouped around a central

lumen. In a few of the acini intercalated duct cells become partially enclosed by acinar cells thus giving rise to centro-acinar cells. The nuclei of the acinar cells are large vesicular and contain prominent nucleoli while the cytoplasm has a muddy appearance after staining with aldehyde fuchsin and light green.

Glycogen is present in moderate amounts in the large duct cells (figs. 10 and 11). It increases in the smaller duct cells and is present in large amounts in the acinar cell buds (fig. 12). Islet cell buds are prominent by the absence of glycogen (fig. 13).

Initially the islets contain four cell types i.e. argyrophilic alpha, delta and nongranular (presumably immature) cells while later in the period the most prevalent islet cell types are alpha and delta cells. However while the alpha cells continue to increase the delta cells are observed to gradually decline and simultaneously cells appear which have a dark green cytoplasm that contains very fine aldehyde fuchsin positive granules. A short time later some of the largest islets contain cells, approximately 25  $\mu$  in diameter which possess coarse cytoplasmic granules that are stained by aldehyde fuchsin or colloidal iron (fig. 14). These cells have distinctive large vesicular nuclei and large nucleoli and are considered to be beta cells. By the end of the period, many beta cells are evident and some of the islets demonstrate the "Mantelinsel" configuration (fig. 15) described by Ferner and Stoeckenius ('51). Typically the beta cells lie in the center of the islet surrounded by other cell types. The argyrophilic and alpha cells lie in the peripheral area of the islet while the delta and immature beta cells lie either within the beta cell core or at the junction with the alpha cell layer. A small number of ungranulated immature cells are scattered throughout the islet. Scattered beta cells are also present in the walls of the intralobular and intercalated ducts (fig. 16).

The basement membranes of the tubules and the connective tissue capsules of the islets are acidophilic and PAS and colloidal iron positive. The fibers of the intertubular stroma are no longer argyrophilic, stain lightly with acid dyes and exhibit a slight

affinity for either aldehyde fuchsin or colloidal iron.

110-150 mm CR (14.5-17 weeks) During this stage the acinar epithelium demonstrate the greatest change. The entire cytoplasm of these cells becomes intensely basophilic but gradually the basophilia becomes most prominent in the basal areas of cell (fig. 17). Shortly thereafter small granules appear in the basal cytoplasm which are DMAB positive (fig. 18) and exhibit nonspecific esterase activity (fig. 19) similar to the zymogen granules of the adult. As the zymogen granules become more numerous and increase in size the largest granules accumulate in the apical cytoplasm. Although most of the acini contain zymogen granules by the end of this stage, few of the cells exhibit the density of granulation characteristic of the adult acinar cell. Despite the accumulation of zymogen granules the acinar cells still contain large quantity of glycogen which is concentrated in the apical cytoplasm. Long filamentous mitochondria are evenly distributed throughout the cytoplasm of the cells.

The mitochondria of the islet cells are more variable in number and size. The beta cells usually contain many fine granular mitochondria (fig. 20) while those of the alpha cells are similar but not so numerous. The delta cells differ conspicuously since they contain few very small mitochondria (fig. 21).

Midway through the period the granules of some beta cells become aggregated in the cytoplasm adjacent to blood capillaries and an occasional cell is observed which appears to be degranulated. Late in the period, the alpha cells are observed to undergo similar morphological changes.

The intertubular connective tissue fibers no longer stain with aldehyde fuchsin but are acidophilic and PAS and colloidal iron positive similar to the peritubular basement membranes.

150-210 mm CR (17-22 weeks) In addition to their localization in the islets alpha beta and delta cells are still present in a few of the intralobular and intercalated ducts. Their presence in the latter sites is thought to indicate continuing

formation of islet cell buds since these cells occasionally are in mitosis.

Glycogen begins to disappear from the lobar duct epithelium early in the period and is completely absent from 190 mm specimens. In addition, the glycogen of the intercalated ducts and acini slowly decreases and, except for a few scattered droplets, is absent in the 200 mm fetus. The acinar zymogen granules continue to increase and by the 210 mm stage many of the acini are filled with esterase positive granules (fig. 22).

Early in the period, the islets begin to have the "Mantelinsel" configuration. This occurs by fusion of adjacent islets with the result that the various cell types become randomly dispersed throughout the islet. In fetuses of 160 mm CR, many of the alpha cells are degranulated and there is a concomitant increase in the number of argyrophilic cells. The argyrophils remain elevated until midway through the period when they decline and alpha cells are again more numerous. After this the number of argyrophils remains low and only an occasional such cell is present in the islets.

There is a continued increase in both the number of degranulated beta cells and in the number of beta cells which exhibit polarization of cytoplasmic granules around the islet capillaries. This appears to occur in a cyclic manner with the result that one islet will contain a preponderance of degranulated cells (fig. 23) while in an adjacent islet all of the beta cells will be either partially or completely filled with granules (fig. 24). In some epithelial cells continue to be present in the islets. The islet cells are only lightly basophilic (fig. 23) with the beta cell exhibiting the most intensely basophilic cytoplasm.

Thin connective tissue septa separate the various lobules and the sparse intralobular connective tissue consists mainly of fibers which surround the acini, islets and ducts.

350 mm CR (39 weeks) The acinar case has increased and the intercalated ducts are much less prominent than before. The islets are larger and more prominent than in the adult organ, and very few of them are of the "Mantelinsel" type

None of the earlier stages of islet formation are observed, i.e. the "Inselfeld" stage or single cell stage and although a few immature cells are present within the islets no mature islet cell types are found in any part of the duct system. However many of the islets are still attached to the duct system by a cord of small, nongranular epithelial cells. The morphology of the various cell types is as previously described.

#### DISCUSSION

As noted by previous investigators both the acinar and islet epithelia develop from the primitive pancreatic tubules. These tubules branch repeatedly and give rise to an arborescent duct system from which small groups of cells proliferate to form islet and acinar cell buds.

The tubular epithelium exhibits the least alteration of any of the parenchyma. The cytoplasm of these cells remains lightly acidophilic and except for changes in the nuclei, the primary change is in the size and shape of the cells. This involves an enlargement of the cells of the lobar ducts and an apparent decrease in size in the cells which form the intercalated ducts. The nuclear changes which occur near the end of the third month consist of a decrease in nuclear basophilia and an enlargement of the nucleoli.

The most striking characteristic of the tubular epithelium of the fetal period is the glycogen which is present from late in the third month to the end of the fifth month (circa 70-200 mm CR). The exact time of appearance of glycogen was not determined with certainty because of the lack of mercuric-fixed tissues prior to the third month. Glycogen could not be demonstrated in formalin or Bouin's fixed material prior to this stage, however but could be demonstrated in such material at subsequent stages. It is doubtful therefore that it was present in any quantity prior to the period indicated. Disappearance of glycogen was observed to occur in a progressive fashion so that it was lost from the lobar ducts then from the intralobular and intercalated ducts and last of all from the terminal cell buds. The same type of progression was noted by Sorokin Padykula and Herman ('59) in

the fetal lung and was considered to be a reflection of the maturity of the cells. I.e. the more primitive epithelium contained the most glycogen. This probably accounts for the early disappearance of glycogen from the presumptive islet cells and indicates the later maturation of the tubule and acinar epithelium. This does not explain completely however the persistence of glycogen in the acinar epithelium after the appearance of mature zymogen granules although more subtle metabolic changes may be more closely related to the maturation of these cells.

The cells which will produce islet tissue are recognizable late in the second month by the accumulation of cytoplasmic ribonucleic acid and the prominence of nucleoli and probably correspond to the "Insulocytes of Kardasewitch" ('27). They are located in cell buds which are derived directly from the primitive tubules in contrast to cell buds which later originate from intralobular and intercalated ducts. While some authors (Simard '37, Ben-cosme '55, Mori and Haga, '60) have designated the difference in derivation of cell buds as primary and secondary islet

islet, this seems to be an unnecessary distinction. The mature islets appear to be the same regardless of origin and the difference in derivation is probably only another indication of the progressive maturation of the tubule epithelium.

As the islet cell buds increase in size they grow into the intertubular stroma and the cells become intimately associated with blood capillaries. This stage of development was referred to as the "Inseldel" by Neubert ('27) and Ferner and Stoeckenius ('51). Seyfarth ('20) suggested that the islets exerted an inductive effect on acinar development. Although this could not be determined in the present study it is true that the islets do appear before the acini and always lie near the center of the lobule surrounded by acinar tissue.

The "Mantelinsel" stage described by Ferner and Stoeckenius was said to persist until the fourth postnatal year. In the present study this stage was predominant only during the fifth fetal month and the adult type was most common thereafter. While Pearce ('03) reported that the islets lost their attachment to the tubule epithelium,

it was observed that many of the islets were still attached to the intercalated ducts at the end of the fetal period.

All of the cells of the immature islet cell buds are intensely basophilic but after the appearance of specific cell types, only the beta cells continue to be moderately basophilic.

The first distinctive islet cell to appear is the argyrophilic cell. This cell is probably an intermediate in the formation of the alpha cell as suggested by Ferner and Stoeckenius ('51), Hultquist and Thorell ('53) and Ben-cosme ('55). The argyrophilic cell appears just before the alpha cell, is found in the same location as the alpha cell, and there is a reciprocal relationship between the numbers of these cells, i.e., as the alpha cells become more numerous the argyrophilic cells decrease. Also the staining characteristics of these two cells are suggestive of such a relationship. The argyrophilic cells which are also argentaffinic, are DMAB negative while the alpha cells are DMAB positive. Since the argentaffin reaction is demonstrated by aminophenols, among other phenolic compounds (Pearse '60) the argentaffin granules may consist of tryptophan precursors such as hydroxyanthranilate or hydroxykynurenine. These substances would be expected to exhibit an affinity for silver while the tryptophan of the alpha cell granules would not. The acidophilia of the alpha cell granules is probably due to the many free amino groups of glucagon.

Although Ferner and Stoeckenius ('51) suggested that the delta cell was a degenerative type, evidence has been obtained in the present study which suggests that this cell is intermediate in the formation of the beta cell. First, the delta cells appear slightly before the beta cells are apparent. Secondly prior to the appearance of the latter acidophilic cells are observed which contain small aldehyde fuchsin-positive cytoplasmic granules. It is thought, in agreement with Munger ('58) that these are the muddy cells described by Neubert ('27) and Ben-cosme ('55) and not alpha cells as suggested by Ferner and Stoeckenius ('51). Finally the distribution of the delta cells

within the "Mantelinsel" is similar to the distribution of the beta cells.

Although Ferner and Stoeckenius ('51) reported the transformation of alpha into beta cells, no evidence for such a transformation was observed in the present study. The transformation zone which they described in the "Mantelinsel" consists primarily of immature epithelial cells which develop into either alpha or beta cells. Mature islet cells are also produced by atonic division of existing alpha delta and beta cells.

The order of appearance of the pancreatic islet cells of the human fetus differs from that observed in other species. In the rat (Hard 44) rabbit (Bencosme '55) and mouse (Munger '58 Mori and Hays '60) the beta cells appear before the alpha cells. In the present study the argyrophilic cell was present at the end of the second month (30 mm CR) followed by the alpha cell in the middle of the third month (50 mm CR) the delta cell slightly later and the beta cell early in the fourth month (85 mm CR) of the fetal period. Although Kardasewitch ('27) and Harve ('03) placed the development of islets after acinar formation, the islets begin to develop in the second month while acinar cells do not appear before the end of the third month. This difference in observation is probably due to the difficulty in distinguishing between islets and acinar cells when specific stains are not employed.

The first indications of maturation of the acinar epithelium are the affinity of the cytoplasm for aldehyde fuchsin, the enlargement of the nucleoli and a decrease in nuclear basophilia. The latter events undoubtedly reflect an alteration in nucleic acid metabolism since it is shortly after this that the cytoplasm becomes intensely basophilic. Following the accumulation of cytoplasmic ribonucleic acid, cytoplasmic granules appear which exhibit nonspecific esterase activity and contain immunoreactive tryptophan, both of which are characteristic of the mature acinar mucogen granules.

No evidence of secretory activity by the acinar epithelium was observed although the cells seem fully capable of secretion from the fifth month onward. Of the islet

cells only the beta cell appears to secrete during the fetal period. From the end of the fourth month (130 mm CR) to term beta cells were observed which offered morphological evidence suggestive of secretory activity. The alpha cells offered transitory evidence of secretion during the early part of the fifth month but did not appear to be active after this time. In studies of other species (Hard, 44 Bencosme '55 Munger '58) it was observed that the alpha cells did not function during the fetal period in fact, did not develop until several days after birth.

There does not seem to be any correlation between the onset of secretory activity of the islet cells in the human fetus and the beginning of secretory activity of other endocrine glands. According to Gillman (48) the follicles of the thyroid gland contain colloid by the eighth week while chromophil cells are present in the pars distalis by the ninth week. Also according to Gillman the adrenal cortex offers evidence of hormone production in the ninth week and has the capacity for cortisol biosynthesis by the twelfth week (Bloch and Benirschke, '59). This capacity for secretion by the other glands does correspond to the beginning of islet cell maturation.

Several changes were noted in the stroma of the pancreas which provide information about the maturation of the stromal fibers. Reticular fibers are the predominant type until about the eighth week of development when the fibers which enclose the parenchymal elements acquire the staining characteristics of collagenous fibers. The intertubular fibers remain reticular-like until the end of the third month when they cease to be argyrophilic and stain very lightly with aldehyde fuchsin and colloidal iron. By the end of the fourth month they no longer stain with aldehyde fuchsin are acidophilic and PAS and colloidal iron positive. These changes probably reflect changes in the ground substance during the maturation of the precollagenous fibers.

The merging of islets with ganglia was described by Neubert ('27) and confirmed by Sismard ('37) who suggested the term, neuroinsular complex, to describe ganglia which contained beta cells. Bencosme



('55) also reported having observed these structures but their existence has been questioned by Coupland ('58) and Munger ('58). Neuroinsular complexes were not observed in the present study and although many of the ganglia are in close proximity to both islets and acini, there seemed to be a well defined connective tissue capsule separating the parenchyma from the ganglia.

#### SUMMARY

The sequential development of the human fetal pancreas has been investigated by histochemical methods.

The pancreatic islets are initially derived from the primitive pancreatic tubules and secondarily from the intralobular and intercalated ducts. In addition, islet growth is supplemented by mitotic division of mature islet cell types.

The islet cells develop sequentially with the argyrophilic cell appearing during the eighth week of development, followed by the alpha, delta and beta cells during the tenth, eleventh and thirteenth weeks respectively. The argyrophilic cell is considered to be an intermediate in the formation of the alpha cell while the delta cell is thought to be a precursor or intermediate of the beta cell. The alpha and beta cells are fixed cell types and transformation of one type to the other was not observed.

From the end of the fourth month until term, the beta cells exhibit morphological evidence of secretory activity. The alpha cells offer only transitory indications of secretory activity early in the fifth month.

Glycogen is present in the duct epithelium and acini during a part of their development but is absent from the islets at all stages.

The pancreatic acini differentiate from the cells at the terminal ends of the intercalated ducts. The first indication of acinar differentiation is an apparent alteration in nucleic acid metabolism. This is followed by the appearance of zymogen granules which possess the characteristics of those observed in the adult pancreas.

Although zymogen granules are present, the acini offer no evidence of secretory activity during the fetal period.

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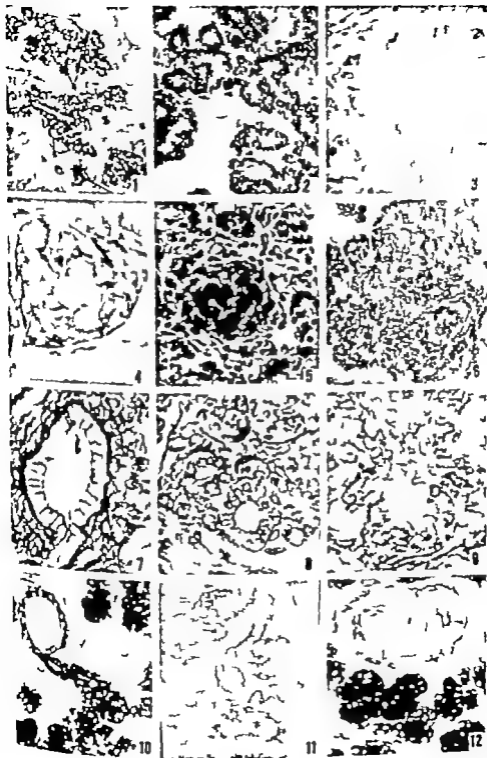
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PLATE I

EXPLANATION OF FIGURES

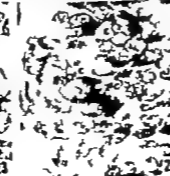
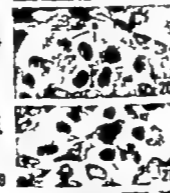
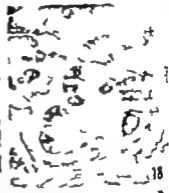
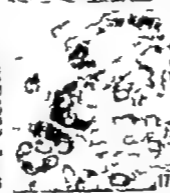
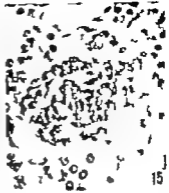
- 1 Parenchymal cell buds (B) in the pancreas of 30 mm CR fetus. Hematoxylin and eosin.  $\times 75$ .
- 2 The pancreatic tubules of 30 mm CR fetus. The nuclei of the tubular cells are small and intensely basophilic. Hematoxylin and eosin.  $\times 125$ .
- 3 Argvrophilic cells within paratubular cell buds of a 30 mm CR fetus. Protargol.  $\times 250$ .
- 4 Alpha cells (A) within an islet as demonstrated by the dimethyl-aminobenzaldehyde technique.  $\times 400$ .
- 5 "Muddy" cells (M) in the parenchyma of an 85 mm CR fetus. Aldehyde fuchsin, Masson A and light green.  $\times 250$ .
- 6 A pancreatic lobule. The intralobular duct (D) is centrally located while islets (I) are encircled by developing acini. Aldehyde fuchsin, Masson A and light green.  $\times 75$ .
- 7 A pancreatic lobar duct. The duct epithelial cells are lightly stained and enclosed within an aggregation of acidophilic connective tissue fibers. Aldehyde fuchsin, Masson A and light green.  $\times 400$ .
- 8 A pancreatic intralobular duct. Aldehyde fuchsin, Masson A and light green.  $\times 400$ .
- 9 A pancreatic intercalated duct. The outer perimeter of the duct has been outlined in ink. This duct and the intralobular duct are enclosed by thin basement membranes. Aldehyde fuchsin, Masson A and light green.  $\times 400$ .
- 10 Glycogen in an intralobular and intercalated duct of a 100 mm CR fetus. Colloidal iron and periodic acid-Schiff (PAS)  $\times 250$ .
- 11 Diastase control. Colloidal iron and PAS.  $\times 250$ .
- 12 Glycogen in the acini of a 110 mm CR fetus. Only the connective tissue fibers are PAS positive in the adjacent islet (I) Colloidal iron and PAS.  $\times 250$ .



## PLATE 2

### EXPLANATION OF FIGURES

- 13 An islet (I) and islet cell bud (B) of 110 mm CR fetus. Note the presence of glycogen in these structures. Colloidal iron and PAS  $\times 250$ .
- 14 Beta cells in an islet of a 100 mm CR fetus. Aldehyde fuchsin, Masson A and light green.  $\times 630$
- 15 A "Mantelmael" in the pancreas of a 110 mm fetus. The beta cells (darkly stained) are centrally located and surrounded by other islet cell types. Aldehyde fuchsin Masson A and light green  $\times 280$ .
- 16 A beta cell (B) in the wall of an intralobular duct. Beta cells are also visible in an islet cell bud (lower left) Aldehyde fuchsin, Masson A and light green.  $\times 250$
- 17 Basophilia in the basal region of the acinar cells. The nucleoli are also prominently stained. Methylene blue.  $\times 400$
- 18 The demonstration of tryptophan in the acinar zymogen granules. Dimethylaminobenzaldehyde technique.  $\times 250$
- 19 Nonspecific esterase activity in the acinar epithelia. Small granules first appear in the basal area (G) and then aggregate in the apical cytoplasm. Naphthol-AS-acetate and fast blue GBC.  $\times 650$ .
- 20-21 Mitochondria in the beta cell (B) and delta cell (D) Altmann acid fuchsin and light green.  $\times 650$ .
- 22 Nonspecific esterase activity in the acini of 210 mm fetus. Naphthol-AS acetate and fast blue GBC  $\times 650$
- 23 Degranulated beta cell (B) in fetal islet. Granule-containing beta cells are present at the lower right. The photograph is taken through the area of contact of two merging islets (dashed line) Aldehyde fuchsin Masson A and light green.  $\times 650$
- 24 Partially degranulated beta cells. Note the accumulation of cytoplasmic granules adjacent to the capillaries (C) Aldehyde fuchsin Masson A and light green  $\times 650$ .
- 25 Lightly basophilic beta cells (B) in fetal islet. Only the nucleoli are prominently stained. Methylene blue.  $\times 400$





# Initiation of Cell Proliferation in the Vaginal and Uterine Epithelia of the Mouse<sup>1</sup>

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The vaginal and uterine epithelia in the estrate mouse are in a resting state. After appropriate estrogen stimulation, these epithelia proliferate at a high rate. This proliferation has been studied in terms of mitotic indices by Allen, Smith and Gardner ('37) Biggers and Claringbold ('35) and Tice ('61). Allen, Smith and Gardner found maximal mitotic activity at 37 hours after the administration of estrogen. Forty-eight hours after estrogen the mitotic activity had slightly declined. In the vagina of the mouse, Biggers and Claringbold found a latent period of 13 hours after the administration of estrogen and a maximum mitotic rate at 29 to 36 hours.

Recent developments in high resolution autoradiography have made it possible to study another aspect of proliferation, namely DNA synthesis. If labeled DNA precursors are injected into animals, they are incorporated into those cells in the process of doubling their DNA. These cells may be visualized in autoradiographs. Tritiated thymidine has proved an efficient label for this purpose (Hughes et al. '58).

Tritiated thymidine with autoradiography has been used to survey cell proliferation and migration in the reproductive tract of the normally cycling mouse (Walker, '60). Multiple injections of tritiated thymidine at four hour intervals during 24 hours of proestrus showed that cells originally laid down in the basal layer of the vaginal epithelium, was displaced by cell migration toward the luminal surface at a rate which brought it to the surface by the end of the estrus cycle. Such a multiple injection technique in the normally cycling mouse gives the information on epithelial prolifera-

tion, it does not allow for a detailed analysis of the proliferative cycle.

Using a single injection of tritiated thymidine on castrate rats under conditions of constant estrogen stimulation the following details of the proliferative cycle of the vaginal epithelium have been worked out (Peckham, '61) the approximate length of the generative cycle was found to be thirteen and one-fourth hours the duration of the S phase about six hours the minimum combined G<sub>1</sub> and mitosis time about one and three-fourths hours and the G<sub>2</sub> time about five and one-fourth hours. It was observed that cells begin their movement from the basal layer only several hours after reaching a mitosis. The turnover time of the non dividing cells was between 30 and 45 hours.

Peckham studied the vaginal epithelium in a steady state. The present investigation is a study of the initiation and subsequent cessation of proliferation which occurs in the castrate mouse after a single injection of estrogen. By this method, it is possible to gain additional information on the mechanism of estrogen action.

Before a cell can enter mitosis it must undergo at least two metabolic events one is DNA synthesis and the other a further process which takes place in G<sub>2</sub>. So far in most steady state populations studied, a cell which has completed DNA syn-

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The generative cycle is divided into mitosis (M), presynthetic or postmitotic interphase (G<sub>1</sub>), synthetic phase (S), and postsynthetic or premitotic interphase (G<sub>2</sub>).



thesis passes through a brief  $G_2$  into mitosis. In the liver the proliferative stimulus of partial hepatectomy will produce DNA synthesis before mitosis (Holmes and Moe, '55). This may not necessarily be a general phenomenon for in the mouse ear epidermis Gelfant ('61) believes that there is a population of cells that holds up in the  $G_2$  phase for long periods of time. These cells can be specifically stimulated to undergo mitosis by cutting the ear. It is therefore possible that a proliferative stimulus may act in at least one of two ways one is to give the signal for a cell to enter DNA synthesis, and the other to give the signal for a cell to enter mitosis which has undergone DNA synthesis prior to the application of the proliferative stimulus. In the light of this one specific question which the present experiments were designed to answer is whether estrogen triggers interphase cells to enter the S phase or whether it triggers cells to undergo mitosis which had synthesized DNA before the administration of estrogen.

#### MATERIALS AND METHODS

The mice used were an inbred strain derived from a pathogen free stock of Swiss mice developed at Walter Reed Medical Research Center. Twenty-nine young adult, virgin, ovariectomized mice were each given 0.125  $\mu$ g estradiol benzoate in one subcutaneous injection of 0.05 ml sesame oil to stimulate proliferation. At various intervals during 50 hours after the administration of estrogen 70  $\mu$ c of tritiated thymidine was given in a single subcutaneous injection to label cells synthesizing DNA. Both estradiol and tritiated thymidine were injected simultaneously into each of two animals, which served as controls. Mice were killed 45 minutes after the administration of tritiated thymidine. By that time the tracer is taken up and few if any labeled cells have divided. Genital tracts were removed, vaginas were slit longitudinally along the dorsal surface and fixed in Bouin's fluid. Mid-portions of the vaginas and uterine horns were embedded in paraffin and sectioned at 6  $\mu$ . Deparaffinized sections were dipped into NTB nuclear track emulsion, exposed for four days

developed in D/19 and stained with L modification of Groat's four color stain. In one group of animals, estradiol injections were so timed that all were harvested at 3:00 P.M. In a second group the time of injection with estradiol was always at 12 noon.

The following three types of quantitative observations were made on the vaginal epithelium: (1) labeling index, (2) mitotic index and (3) rate of cell production. The labeling index is the percentage of basal epithelial cells labeled with tritiated thymidine a sufficient number of cells was counted until 50 to 100 labeled cells were obtained. To estimate the epithelial mitotic index, the number of mitotic and interphase cells was counted on a sample of 2,000 cells or a sufficient number of cells to contain six mitoses were accumulated. Samples of this size give rough estimates of mitotic indices. To estimate the rate of cell production, counts were made of the number of non-basal cells above 50 consecutive basal cell. Non-basal cells are those cells in the upper layers of the epithelium. In general non-basal cells do not proliferate. An increase in the ratio of non-basal to basal cells is proportional to the rate of cell production as long as there is no precocious loss of epithelial cells i.e. before completion of the epithelium.

The percentage of tritium labeled cells was determined from samples of about 300-900 cells in the surface epithelium (non-glandular) of the uterine horn, at mitotic indices from samples of about 300 cells.

#### RESULTS

*Vaginal epithelium:* The tritium label was found mainly in the cells in the basal layer of the epithelium (Figs. 5-8). Labeling indices are shown in Figure 1a. About 3% of the basal epithelial cells were labeled in the epithelium of control animals and in the epithelium of animals injected with tritiated thymidine three and 4 hours after the administration of estradiol. Three animals at 12 hours showed labeling indices of about 40% and a fourth animal showed a labeling index of 8%. This suggests that there is a variable interval of time near 12 hours after estrogen administration when the vaginal ep-

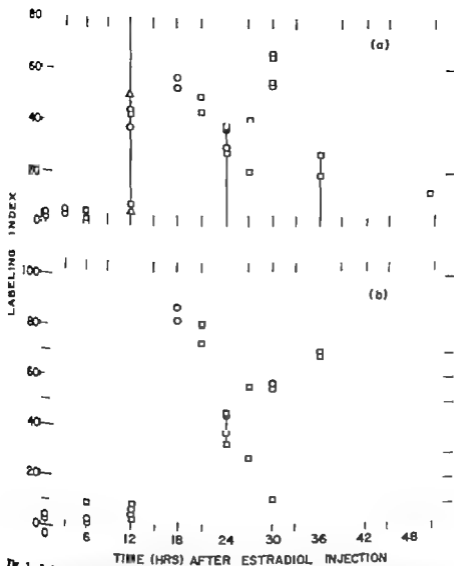


Fig. 1 Labeling indices in the basal layer of vaginal epithelium ( ) and uterine epithelium ( ) 45 minutes after tritiated thymidine injection. Each symbol represents one animal. Squares are labeling indices obtained in experiments where all animals were killed at 3:00 P.M. Circles from experiments where all animals were injected with estradiol  $1 \mu\text{g}$ . Triangles are labeling indices from different regions in one 18 hour animal.

on undergoes the initial wave of DNA synthesis. A fifth animal at 12 hours, showed a labeling index of 5% in the ventral region and 50% in the lateral region. This suggests that in the early hours after estrogen administration there are regional differences in the time of onset of waves of DNA synthesis. The labeling index rose to 55% at 18 hours, and to approximately 35% at 24

hours, rose again at 30 hours to about 60% and was again low at 36 hours. The epithelium at 60 hours after the injection of estradiol had a labeling index of about 12%.

Mitotic indices are shown in figure 2a. The mitotic index was approximately 0.01% at 6 and 12 hours. It was about 3.5% at 18 hours. It ranged from 1 to 5% with a mean of 2.4% at 24 hours.

The mitotic indices were about 0.9 and 2% at 26 hours. Thus, the mitotic index rises after the increase in labeling index.

Ratios of non-basal to basal cells are shown in figure 3. The ratio in the epithelium of control animals was about 0.9:1. It increases to approximately 2.3:1 by 36 hours after the administration of estrogen, which implies a production of about 1.4 cells per basal cell within that time. There is little additional cell production after this time.

*Uterine epithelium.* Labeling indices are shown in figure 1b. About 2% of the epithelial cells were labeled in the uterus of control animals. About 5% of the cells were labeled in animals injected with tritiated thymidine at 6 and 12 hours after the administration of estrogen. The labeling index rose to about 85% at 18 hours, declined to about 40% at 24 hours, and rose again at 30 and 36 hours. The low labeling index of 12% of one animal at 30 hours may be the result of occasional

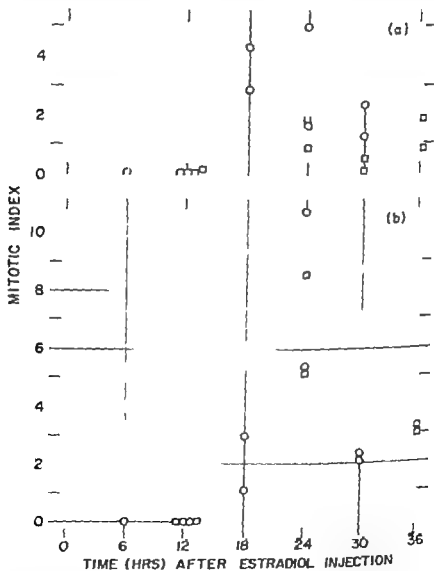


Fig. 2 Mitotic indices in vaginal epithelium (a), and uterine epithelium (b), 45 minutes after the injection of tritiated thymidine. Symbols refer to legend of Figure 1.

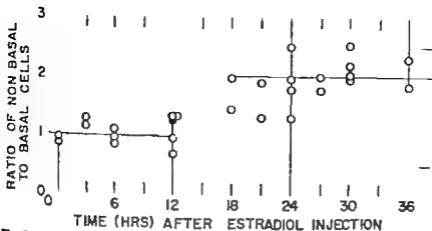


Fig. 3 Ratios of non-basal to basal cells. Each symbol represents one animal.

individual quantitative variations in sensitivity to estrogen.

Mitotic indices are shown in figure 2a. No mitoses were found in samples of 300 epithelial cells from animals at 6 and 12 hours. The mitotic index was approximately 2% at 18 hours. Higher mitotic indices of about 5 to 11% were found at 24 hours. The mitotic index was about 5% at 30 hours and about 3.1% at 38 hours. The rise in mitotic index succeeds the rise in labeling index, as in the vagina.

The vaginal epithelia of three out of four animals at 12 hours showed high labeling percentages while the uterine epithelium of these same animals showed low labeling percentages (fig. 1). This indicates that the initial wave of DNA synthesis in the uterus may lag that in the vagina. However this is not always the case, for in other experiments (to be published later) it was found that the initial wave of DNA synthesis in the uterus may occur at the same time as in the vagina, or may actually precede it by a few hours. The high labeling index at 15 hours in the uterine epithelium suggests that the cells of the uterine epithelium enter the S phase more synchronously than the cells of the vaginal epithelium.

#### DISCUSSION

In fast growing tissues of the mouse the duration of the S phase is about six to eight hours (Quastler '61). Peckham ('61) has shown that in the estrogenically

stimulated rat vagina, the S phase is about six hours, and the total generation time about thirteen and one-fourth hours. The results of the present study suggest, therefore that following a latent period of about 12 hours after the administration of estrogen vaginal epithelial cells start synthesizing DNA over a few hours and then undergo cell division for the first time. Some of these same cells enter DNA synthesis and undergo division for a second time.

Ratios of the non-basal to basal cells give a better estimate of cell production than the number of cell layers since the cells in the upper layers tend to become spinous shaped and flattened out. For example the epithelium of animals 36 hours after the administration of estrogen is six-seven layers thick (fig. 9). However the ratio of non-basal to basal cells was not 5:1 or 6:1 but about 2.3:1. The estimate of the production of 1.4 cells per basal cell by 38 hours after the administration of estrogen may be somewhat low since some superficial cells have been exfoliated within that time. However cell loss through exfoliation is not a major factor until cells become cornified and are sloughed off in great amounts. This occurs later than 36 hours after the administration of estrogen. Hence about 1.4 cells per basal cell at least, have been produced by 38 hours after the administration of estrogen. This seems a reasonable estimate when correlated with labeling indices which imply that all or most of the basal cells have

divided once and some of these have divided twice within 36 hours following the administration of estrogen.

Jensen ('60) reported that there is maximum radioactivity in the uterus and vagina of the rat at the same time after the administration of estrogen. This suggests that any differences in the time of initiation of DNA synthesis between the uterus and vagina is not because the estrogen reaches these two organs at different times, but is the results of differences in response of the uterus and vagina. Walker ('60) stated that sufficient DNA synthesis occurs just before proestrus in the uterine epithelium to provide complete renewal, and this DNA synthesis occurs earlier in the uterus than the vagina. This statement rests largely on the labeling in only one animal injected during late diestrus. The results of the present investigation show that the conclusion that DNA synthesis always occurs in the uterine epithelium before the vaginal epithelium is not generally valid.

The present investigation has shown that in the vaginal and uterine epithelium, following the administration of estrogen, the increased rate of DNA synthesis precedes the increased rate of mitosis. This is the same sequence as in the liver after partial hepatectomy (Holmes and Mee '55). There is no evidence that estrogen stimulates mitosis directly.

The low labeling index in the vaginal and uterine epithelium during the first 6-12 hours after the administration of estrogen shows that the effect of estrogen to stimulate DNA synthesis is not immediate. There is evidence that estrogen is present in the vagina and uterus as soon as one hour after the administration of estrogen. Jensen ('60) found that there was maximum radioactivity in the vagina and uterus of the rat one to two hours after the injection of tritiated estradiol.

One is, therefore confronted with the problem of what the action of estrogen is between the time it reaches the genital tissue (probably one hour after the administration of estrogen) and the time DNA synthesis is initiated in the epithelium of the uterus and vagina. To resolve this problem, possibly one should study what the action of estrogen is on the en-

zymes concerned with DNA synthesis. This is suggested in the light of the study of regenerating liver which showed striking increases in DNA polymerase and thymidine kinase coincident with the initiation of DNA synthesis (Bollum and Potter '59). It could be important to determine if estrogen is a factor which controls the emergence of enzymes involved in the synthesis of DNA.

#### SUMMARY AND CONCLUSIONS

Proliferation in the epithelia of the uterus and vagina of the castrate mouse following a single injection of estradiol benzoate was studied by pulse labeling with tritiated thymidine and autoradiography. Following a latent period of 11 hours after the administration of estrogen, the vaginal epithelial cells start synthesizing DNA over a few hours and then undergo mitosis for a first time. Some of these same cells enter DNA synthesis and undergo mitosis for a second time. The cell production in the vaginal epithelium by 36 hours after the administration of estrogen is about 1.4 cells per basal cell. The increased rate of DNA synthesis is followed by an increased rate of mitosis in the epithelium of both the uterus and vagina. There is no evidence that mitosis is directly stimulated by estrogen. The mechanism of the proliferative action of estrogen is discussed.

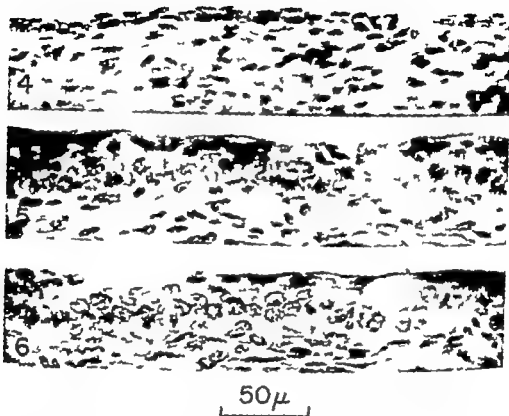
#### ACKNOWLEDGMENT

I wish to thank Dr. H. Quasler for his advice and continued interest during the experimental work and preparation of the manuscript.

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Autoradiographs of vaginal epithelium

- 4 From an animal injected with tritiated thymidine six hours after estradiol injection. The epithelium is two layers thick. Few cells are labeled (some in the portion shown).  $\times 500$
- 5 From an animal injected with tritiated thymidine 12 hours after estradiol injection. Label is present in many cells of the basal layer of the epithelium. The epithelium is two to three layers thick.  $\times 500$ .
- 6 From an animal injected with tritiated thymidine 18 hours after estradiol injection. Over half of the cells in the basal layer show label. The epithelium is three layers thick.  $\times 500$

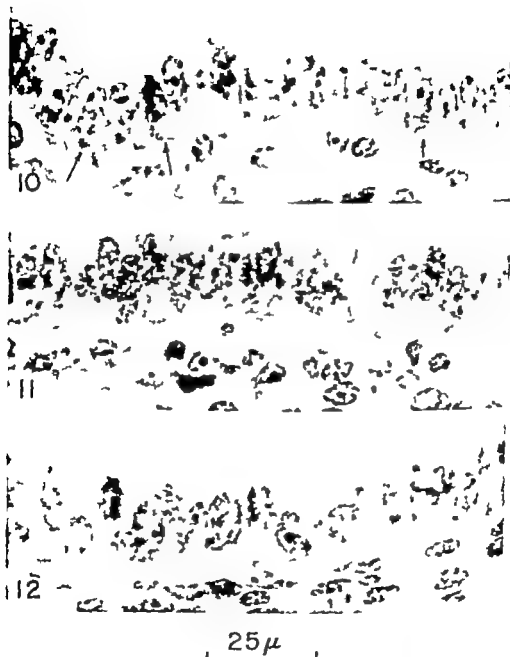


50  $\mu$

Autodiagraphs of vaginal epithelium.

- 7 From an animal injected with tritiated thymidine 24 hours after estradiol injection. The number of labeled cells in the basal layer are fewer than at 18 hours compare with Figure 6. The epithelium is four to six layers thick.  $\times 500$ .
- 8 From an animal injected with tritiated thymidine 30 hours after estradiol injection. Over half of the cells in the basal layer show label. The epithelium is six to seven layers thick.  $\times 500$ .
- 9 From an animal injected with tritiated thymidine 36 hours after estradiol injection. The number of cells in the basal layer showing label is less than at 30 hours compare with Figure 8. The epithelium is six to seven layers thick.  $\times 500$ .





Autoradiograph of uterine epithelium.

- 10 From an animal injected with tritiated thymidine 12 hours after estradiol injection. Three cells show label (arrows). Small dark dots are tritium grain larger dots are nuclear elements which have taken up stain.  $\times 1,250$ .
- 11 From an animal injected with tritiated thymidine 18 hours after estradiol injection. Most of the epithelial cells show label.  $\times 1,250$ .
- 12 From an animal injected with tritiated thymidine 36 hours after estradiol injection. A large number of the epithelial cells show label. Two mitotic figures are present  $\times 1,250$ .

# Teratogenic Effects of Tolbutamide on the Early Development of the Fish *Oryzias latipes*<sup>1</sup>

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The developing fish embryo has proved to be very sensitive to environmental change. Malformations have been produced under the influence of both physical and chemical agents, including low temperature (Lereboullet, 1864; Loeb '15; Stockard, '21; Briggs and Wilson, '59), ultraviolet radiations (Hirrichs, '25); X irradiation (Schöberg, '38a) and changes in the ionic content and strength of the medium (Loeb, 1893; Stockard, '06). An azo dye trypan blue has been reported to be teratogenic in the developing Zebra fish (Battie and Laale, '60) but was ineffective in embryos of the Medaka (*Oryzias latipes*) (Briggs and Wilson '59). Abnormalities in embryos of *Fundulus* (Oppenheimer '50) and in *Oryzias* (Waterman, '39; Ishida, '51) have also been reported after exposure to various drugs.

The present studies involved the effects of an antidiabetic drug, tolbutamide (sodium), on the development of the Medaka fish. The embryos of this fresh water fish were chosen not only for their ease of recovery but also because of the considerable quantity of morphological and physiological data that have been accumulated (for bibliographic review see Briggs and Epton, '59).

The main purpose of the present experiments was to determine what relationships exist among stage of development, concentration of the agent and length of exposure of the embryo to the drug. To this end, Medaka embryos in various developmental stages were exposed to several concentrations of tolbutamide for varying lengths of time. Altogether there were four stages of embryos, four concentrations of the drug, and four lengths of exposure.

Two other series of experiments were performed. 1 Attempts were made to re-

verse the effects of the drug by the addition of glucose to the experimental medium. 2 Preliminary studies were made to test the permeability of the developing normal and drug-treated embryo to radioactive sodium.

## MATERIALS AND METHODS

Medaka fish were obtained commercially and maintained by conventional methods (c.f. Rugh, 48) in aquaria containing aerated tap water at room temperature. Lighting conditions were controlled with an automatic timing device. Each morning clusters of fertilized eggs were removed from the anal fins of several females and placed in glass vessels containing either sterile distilled water or a recommended salt solution (Rugh 48). Phosphate buffer was added to the salt solution to maintain a pH of about 7.6-7.8.

The embryos were separated from their clusters and randomly mixed. After being washed several times, the embryos were placed in salt solutions containing tolbutamide in four concentrations 0.25, 0.50, 0.75 or 1.0%. Embryos in four stages of development were selected for treatment: 2-4 cell stage 8-16 cell stage blastulae, and embryos 24 hours old (optical vesicle stage). Embryos were treated for one, two, three or four days and at the end of treatment they were transferred to a buffered medium. Several changes of fresh fluid were made until the untreated embryos serving as experimental controls hatched. Control solutions contained salts of approximately equivalent ionic strengths as those used in the experimental

<sup>1</sup>This investigation was supported by research grant (20-511) from the National Institutes of Health, Public Health Service, U. S. Department of Health, Education and Welfare.  
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series. Hatching usually occurred between 12 and 20 days after egg laying. No less than 3 cm of fluid per embryo was maintained in all dishes. Observations for malformations were made before, during, and after treatment.

Both treated and untreated embryos were fixed in Bouin's or Stockard's medium and after the usual preparation procedures were examined histologically. It was advantageous to cut away the chorion of unhatched embryos after fixation.

For statistical analysis the embryos were classified according to whether they had developed normally or abnormally or had died. The final analysis was based on the percentage of abnormalities observed in embryos surviving until the end of the experiment.

#### Glucose studies

The effects of the addition of glucose to the solution containing the drug tested. Glucose in concentrations of 0.25, 0.50 or 1.0% was added to similar concentrations of tolbutamide in a factorial experiment. This series of experiments was performed on embryos in the blastula stage treated for three days. Embryos in glucose solutions without drug served as control animals.

*Experiments with radioactive sodium.* The turnover of  $\text{Na}^{22}$  was tested in fish embryos with or without the addition of 1.0% tolbutamide. The experimental group of embryos were placed in 1% tolbutamide plus the isotope while control embryos were exposed to the medium containing only the isotope ten embryos per group were used. After a period of two to four days, the embryos were washed quickly in several changes of distilled water in order to remove excess isotope. Radioactivity was then counted in a deep well counter. Counts were taken initially at 15-minute intervals between countings, the embryos were returned to vessels containing large volumes of distilled water. Further counts were ascertained at convenient intervals until the background radiation level was reached.

#### RESULTS

*Observations.* Perhaps the most remarkable finding of these experiments was that every abnormal embryo showed stasis

or absence of extra- and intraembryonic circulations, and an associated heart defect. The "hearts" of many of these abnormal embryos were little more than pulsating threads of tissue (fig. 1B). Yet in spite of circulatory failure differentiation of the other tissues ensued, i.e., the neural system, somites, notochord, etc., were apparently well differentiated. Development was not suspended during the exposure of the embryos to the drug.

Approximately 50% of the abnormal embryos, in addition to having vascular malformations also showed abnormal eyes (figs. 1B, C) and abnormal body curvature. The eye malformations were confined mainly to the derivatives of the eye cup (*retina and iris*). Degeneration of the eye cup followed after the circulation was disrupted. The lens was always present even after the remainder of the eye had degenerated (fig. 1B). The malformed embryos also showed abnormal curvatures of the trunk and tail (fig. 1C). Embryos with circulatory failure did not hatch except in rare instances and eventually died whether or not they were mechanically removed from their chorions. Less than 1% of the untreated control animals were abnormal. In general, more of the 3-4 cell stage embryos succumbed to the treatment than any of the other embryos treated. Drug concentrations of less than 0.25% produced no significant increase in abnormalities, while concentrations of 2.0% were lethal.

*Statistical analysis.* Basically this is a three factor experiment with four levels at each of the factors. Altogether there were a total of 84 tabular cells within the analysis tables. The number of embryos in each of the treatment cells ranged from 35 to 100 with 86% of the cell (65 or 64) containing 35 to 50 embryos each. A total of 3,621 embryos was used in the experiment.

Figure 2 shows the percentage of abnormal embryos for each of the three factors of the experiment, developmental stage, concentration of the drug, and day of exposure. It is apparent that the earlier in development the embryo is exposed to

The author gratefully acknowledges the aid of Dr. Robert G. Friedman of the College of Medicine, University of Florida for his aid in the statistical analysis of the data.

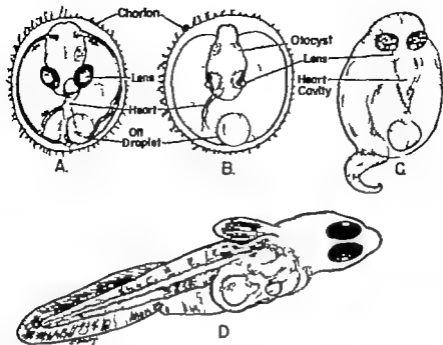


Figure 1

- A. Schematic representation of an unbatched normal early Medaka embryo showing characteristic features.
- B. Medaka embryo of same age as 1A showing absence of extra-embryonic circulation and completely degenerated derivatives of the eye cup; the lens is externalized. The heart is reduced to pulsating thread of tissue.
- C. Abnormal Medaka embryo with chorion removed. Eye abnormality is less severe than in 1B. Heart cavity is outlined and trunk and tail are abnormally curved.
- D. Normal embryo recently hatched of the same age as embryos depicted in 1B and 1C. Note small size of yolk sac as compared to abnormal embryos.

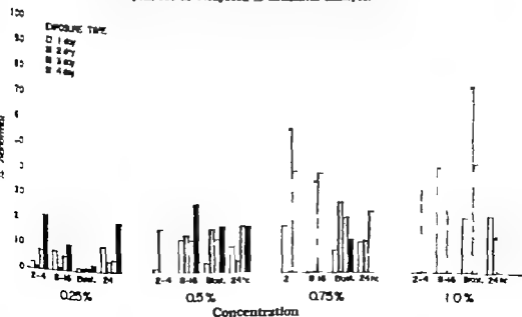


Figure 2

the drug, the greater is the likelihood that it will be abnormal. For example treatment of the 2-4 8-16 blastula and 24-hour embryos resulted in 36 30 21 and 19% abnormalities respectively. These values may be obtained by averaging over the other two factors of concentration and exposure time. By employing similar calculations a drug concentration of 1% produced 51% malformations while a concentration of 0.25% resulted in only 6% abnormalities. Intervening stages showed intermediate frequencies. The same general result was obtained with regard to duration of exposure. Treatments for 4 3 2, and 1 day(s) produced 40 32 18 and 6% malformations respectively. The longer the developing embryos are exposed to the drug the greater is the likelihood that they will be malformed.

Figure 3 shows the relationship between drug concentration and the percentage of abnormal embryos for each of the developmental stages. The straight lines for each of the age groups have been fitted by the usual least-squares statistical method. The similarity of the slopes of the lines for the three youngest developmental stages is remarkable. For the 24-hour stage however the slope differs considerably and

its point of interception of the concentration axis is also quite different. Thus the exposure of 24-hour embryos to low concentrations of tolbutamide produced an unusually high proportion of abnormal embryos. This may be due to chance. Had this not occurred, the line for the 24-hour embryos still would have sloped much less than the other three lines though its departure from the other three would not have been as great. The main point is that the percentage of abnormal embryos observed increases at about the same rate from one concentration to the next. This increasing percentage is almost identical for stages 2-4 and 8-16. It is only slightly less for the blastula stage. The 24-hour stage may or may not be exceptional (see discussion).

A similar plot of the data was made which related the percentage of abnormal embryos for each of the drug concentrations against the days of exposure. There were no differences between days two and three but there were large differences at each concentration between days one and four. For example a drug concentration increase from 0.50 to 0.75% produced about the same percentage increase with

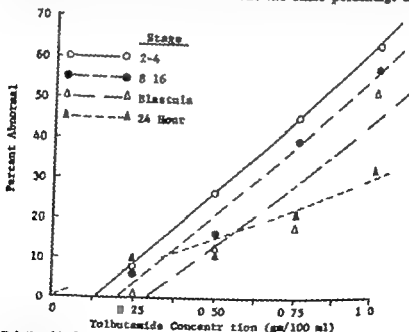


Fig. 3 Relationship between per cent abnormal and tolbutamide concentration for four developmental stages.

each developmental stage group. A possible exception to this may be the 24-hour stage group. In summary we may say that developmental stage, drug concentration, and exposure time operate relatively independently of one another.

Tests of statistical significance of these data were handled in the following fashion. As a preliminary analysis an ordinary three-factor analysis of variance was done using as the error term the three-factor interaction. With this analysis all of the main effects — that is, the factors of stage time and concentration — were statistically significant at far less than the 1% level. One of the interactions was significant: the one for stage and drug concen-

tration. This, however, was barely statistically significant at the 5% level. As can be seen from figure 3 this was no doubt due to the slightly different behavior of the 24-hour stage in comparison with the other stages.

*Studies with glucose* The effects of glucose alone and the effects of glucose added to the medium with drug were tested. It was reasoned that the addition of glucose might (1) reverse the action of the drug (2) produce a more radical anomaly but not change the proportion of anomalous embryos, (3) produce a larger percentage of anomalies or (4) have no effect at all. The results of these experiments are shown in table 1.

TABLE 1

The effects of the addition of glucose and tolbutamide on production of malformations. Summary of data in which embryo of stages previously used were treated for three days

Glucose (%)	1.0		0.5		0.25	
	N	No. abnormal	N	No. abnormal	N	No. abnormal
10-0.5	43	43	30	30 <sup>a</sup>	31	31
0.25	14	2 <sup>b</sup>	10	0	13	1
0.0	62	0	48	0	34	0

All embryos showed both defective circulation and defective eyes. One embryo showed both defects, the other only vascular defect. Shaded only vascular defect.

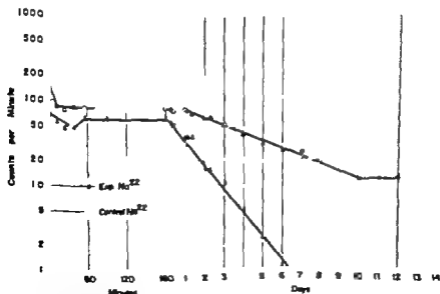


FIG. 4 Counts of radioactivity of  $\text{Na}^{24}$  in embryos in distilled water after their placement in medium containing  $\text{N}^{14}$  and teratogenic concentration of tolbutamide for four days. Control embryos were placed in solutions containing  $\text{N}^{14}$  without drug.

The embryos in which glucose alone was added to the solution showed no abnormalities. On the other hand, 100% of the embryos grown in media containing both glucose and the drug showed abnormalities when the concentration of tolbutamide used was greater than 0.25%. All of the malformed embryos showed cardiovascular defects, eye defects and abnormal body curvature.

**Isotope studies** In order to study any permeability changes resulting from the action of the drug, embryos were placed in a salt solution containing  $\text{Na}^{22}$  to which a teratogenic concentration of the drug was added. Embryos placed in salt solution containing  $\text{Na}^{22}$  without drug served as controls. The results of these experiments are shown in figure 4.

The curves obtained by both groups of animals following their placement in distilled water showed three distinct phases. There was an initial steep drop in both the experimental and control groups with the experimental curve somewhat steeper. Both groups of embryos then paralleled each other in a gradual phase in which the turnover of  $\text{Na}^{22}$  slowed considerably. Finally, the turnover of  $\text{Na}^{22}$  was again more rapid in the experimental group with values reaching the background level 6 days earlier than the controls.

#### DISCUSSION

The sodium salt of tolbutamide in the range of dosages tested produced a high percentage of malformations in the early embryonic stages of the Medaka. The malformations invariably consisted of a drastically interrupted extra and intraembryonic circulation, associated heart anomalies, and abnormal body curvature. The rudimentary hearts of most of the anomalous embryos continued to pulsate but no blood was observed to pass into or out of the heart. The embryo in effect was heartless—a situation which may have resulted in the coincidental finding of defective eyes. Under the influence of the drug alone about 50% of the malformed embryos, especially those exhibiting the greatest degree of heart involvement, showed coincident eye malformation. When glucose was added to the medium also containing the drug, all the embryos showed

cardiovascular involvement and all showed eye defects provided the concentration of drug used was greater than 0.25%. The probability that the eye anomalies are secondary to the circulatory failure gains support from experiments with heartless amphibian embryos (Knower, '07; Kemp, '53). Kemp ('53) has suggested that many anomalies resulting from various teratogenic agents may be secondary to circulatory failure. In the present experiments and those with heartless amphibian embryos, differentiation of many other organs continued regardless of the vascular failure.

The curvature of the trunk and tail of some of the abnormal embryos may have been mechanically produced, that is, the result of the confinement of the enlarging embryo within the narrow limits of the rigid chorion. This compartment is less confining in normal development due to the diminishing size of the yolk sac as it is absorbed into the body of the embryo. Marked retardation of the absorption of the yolk sac was characteristic of abnormal embryos (fig. 1C). However, this argument is weakened by the fact that not all embryos which are otherwise abnormal and which have large yolk sacs have abnormal body curvature. It is still possible that abnormal trunk and tail curvature occurred because of other reasons.

It seems evident that the primary site of action of the drug is on the circulatory system of the Medaka embryo. Similar defects have been produced in this species by 2,4-dinitrophenol (Waterman, '39; Ishida, '51). The circulatory system responded similarly in *Fundulus* following treatment with various organic solvents (Stockard '15).

Statistical analysis of the experimental data summarized in figure 2 showed that the three factors, namely developmental stage, concentration of the drug, and length of exposure to the drug, all played independent roles in the production of the defects. In short, it may be stated that the earlier the stage treated, the higher the concentration used, and the longer the treatment period, the greater is the likelihood of producing a defective embryo.

The question arises as to the most critically susceptible period in the developing

system. The species used in the experiments did not lend itself to a study aimed at sharp discrimination of susceptibility among the earlier stages treated owing to the rapid development from the fertilized egg to the blastula stage. For example no clear differential susceptibility could be discerned between the 8-16 cell stage and the blastula stage (fig. 3). However it is evident that a clear difference existed between the 2-4 cell stage and the 24 hour stage. The 2-4 cell stage embryo succumbed in greatest numbers in the higher concentrations of drug irrespective of length of treatment. It seems clear then that the earliest stages are the most susceptible to environmental change.

On plotting figure 3 we noted that the 24-hour embryo did not respond in a similar fashion as did the other stages used, as indicated by the slopes of the lines obtained. It is tempting to dismiss this difference as biological variability however it is quite possible that this stage of development, characterized by near completion of gastrulation, represents a crucial period in the developing system. This period is marked by important changes in the fish embryo. For example higher doses of irradiation were required to induce neoplasms at this stage of development as compared to earlier stages (Solter, '38b). Ishida, ('51) found that 2,4-dibromophenol had little effect at this time and the early embryo appeared to be impermeable to heavy water until overgrowth of the yolk sac was completed (Krogh and Usning, '37). Hishida and Nankano ('50) showed that the respiratory quotient changes at the time of gastrulation in Medaka. In light of this evidence, the erratic response of the 24-hour stage embryo to the drug may be partially explained.

*Mode of action of the teratogen.* One hypothesis to explain the action of the drug would presume a change in permeability of the plasma membrane. Information concerning the properties of the various membranes surrounding the fish embryo stems from physiological studies on various fish embryos (for review see Smith '57). It has been revealed that the outer chorion presented a little more than a physical barrier (Svetlov '29 Gray '32;

Shanklin '59) and that the plasma membrane was relatively impermeable to most substances (Gray '32). Vital dyes, although freely permeable to the outer chorion, did not penetrate the inner cellular membrane (Hayes, '30 Adler '32). The permeability of the egg membrane to water is diminished shortly after fertilization (Manery and Irving, '35) and also to heavy water (Krogh and Usning, '37). Embryos seemed to be permeable to high concentrations of potassium, as evidenced by retardation of the heart beat of Medaka embryos (Ikeda, '34 '37). Malformations have also been produced by exposure to high concentrations of potassium (Loeb 1893). High concentrations of sodium have been reported to accelerate the development of the Medaka embryo (Ikeda, '37). Shanklin ('58 '59) using radioactive sodium and other salts in permeability studies on *Fundulus* has shown that various cations pass in and out of the cells under the apparent control of glycolytic mechanisms.

Changes in permeability are also implicated in the present study by the following observations: (1) the percentage and severity of the abnormalities induced by tolbutamide alone were strikingly increased by the addition of glucose to the medium while glucose alone was not teratogenic. (2) Pilot experiments with  $\text{Na}^+$  in the medium showed a different turnover pattern when the drug was added to the medium (fig. 6).

Stockard ('10 '21) was able to produce cyclopa and cardiovascular abnormalities in embryos of *Fundulus* by the action of diversified agents, including chloroform, acetone, ether and alcohol. He advanced the notion that there was no specificity in the effect of the diverse agents and that the stage of development affected was the underlying factor. In addition he proposed that suspended development also plays an important role in teratogenesis of fish. The anomalies produced by tolbutamide strikingly resemble those produced in Stockard's experiments however no suspension of development was noted in the treated embryos. The present experiments implicate not only the developmental stage but also the concentrations used and the length of treatment. It is believed by the present



author that the action of the drug effects a change in permeability of the plasma membrane which in turn upsets the internal environment, resulting in abnormal development. The organic solvents may have also induced permeability changes in *Fundulus*, perhaps by the dissolution of the lipid components of the cellular membrane.

An alternate hypothesis would propose that the drug entered the cell and acted as a poison or metabolic inhibitor. Although the importance of the indirect effect of surface phenomena has been emphasized above direct action of the drug has not been excluded. Further experimentation is in progress which may decide which of these hypotheses is more realistic.

#### SUMMARY

1 Tolbutamide (sodium) when introduced into the medium of the developing Medaka fish caused various consistent abnormalities. The abnormalities produced were (1) absence of extra- and intra-embryonic circulation with associated heart anomalies (2) degeneration of eye cup derivative and (3) abnormal curvature of the trunk and tail.

2 The experiment was designed to determine whether any interrelationships exist among three factors: stage of development, concentration of the drug and length of exposure of the embryo to the drug. Four stages of embryos were treated ranging from the 2-cell stage to the 24-hour stage. Four concentrations of the drug (0.25 to 1.0%) and 4 exposure periods (one to four days) were used.

3 It was established that each of the three factors asserted its effect independently the earlier the stage treated, the higher the concentration used, and the longer the treatment period the greater is the likelihood of defect. No suspension of development during treatment was observed.

4 The mode of teratogenic action of the drug is discussed in light of altered permeability of the cellular membrane.

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# Histo-Physiological Analysis of the Preganglionic Connections of the Superior Cervical Sympathetic Ganglion

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Branches of the cervical sympathetic ganglia innervate many important structures in the head and neck. They supply sympathetic innervation to the blood vessels, the smooth muscles of the eye, the tensor pili muscles and to salivary and other glandular structures. They control the blood supply of the thyroid gland and thus indirectly regulate its hormonal secretion (Billingsley and Ranson, '18a). Cervical sympathetic filaments also supply the carotid glomus. Knowledge concerning the factors regulating the activity of these ganglia is obviously important.

Richins and Hall ('58) demonstrated that electrical stimulation of the cervical sympathetic trunk affects metabolic activity in cervical sympathetic ganglia. At the present time however the relationships of the segments of the spinal cord to the preganglionic fibers passing into the cervical sympathetic ganglia are not well understood. The purpose of this study is to further investigate the segmental origins of these components.

The cervical sympathetic ganglia have been studied by the use of the gallocyanin method (Einarsson, '32) and the toluidine blue procedure as employed by Richins and Hall ('58). The two methods were used for checking each other. The tissues were observed for indications of metabolic activity within the cervical sympathetic ganglia before and after selective stimulation of nerve roots attached to surgically isolated spinal cord segments.

## REVIEW OF LITERATURE

An analysis of the preganglionic nerve fibers passing to the superior cervical ganglia of the cat was made by Billingsley and Ranson ('18b). Using the Marchi technique for degenerated nerve fibers they

counted a total of 3851 myelinated preganglionic fibers in the cervical sympathetic trunk. One-hundred-twenty-three thousand, six hundred and three neurons were counted in the superior cervical ganglion. This indicated a ratio of one preganglionic fiber for every 32 neurones. They concluded that the preganglionic fibers originate from the first to seventh thoracic segments of the spinal cord. The first thoracic segment gave origin to the greatest number of fibers and fewest came from the seventh segment. There seemed to be a decreasing progression from upper to lower thoracic segments. Billingsley and Ranson ('18a) also made an exhaustive study of the branches of the superior cervical ganglion. These course along the external and internal carotid plexuses and supply sympathetic innervation to many structures in the cranial region.

Foley and Schnitzlein ('57) using degenerative estimation techniques, found some preganglionic fibers in the upper cervical sympathetic trunks after sectioning dorsal and ventral roots of thoracic nerves one to eight. They reported the most prominent changes after sectioning roots T1 through T5 with T-5 contributing either the most fibers or a large portion of the total fibers. T-6 through T-8 according to their findings contributed approximately less than 7% to the total number of fibers. These authors point out, however that T-5 does not always contribute a significantly greater number of fibers than do the roots of T-2, T-3, T-4.

The results of electrical stimulation of preganglionic nerve fibers were reported

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by Langley (1892) He noted dilation of the pupil of the cat's eye in response to stimulation of the first to third thoracic spinal nerves. He failed to elicit this response when stimulating the eighth cervical or fourth thoracic nerve and concluded that the preganglionic outflow from the first three thoracic segments of the spinal cord is mainly concerned with the mechanism of the eye.

The results of stimulation of nerve cells have been reported by various authors. Hodge (1888 1889 1892, 1894) noted an increase in the size of the nucleus an irregular shape and darker staining capacities after electrical stimulation. He also reported shrinkage of the cytoplasm and a lessened power to reduce osmic acid. Vas (1892) and Lambert (1893) observed enlargement of the cells and peripheral displacement of chromidial substance following brief electrical stimulation. Mann (1894) Nissl (1896) and Pick (1898) saw changes in cellular size and distribution of chromatin. Spitzka and Radasch ('12) noted production of lesions particularly along blood vessels in the brain after electrocution. Kocher ('16), however could see no structural differences between normal and fatigued nerve cells.

More recently Heinbecker and O'Leary ('30) have shown that prolonged stimulation of autonomic ganglion cells results in granulation of the nuclear chromatin and clumping about the nucleolus. Ingersoll ('34) saw a decrease in the size of the celiac ganglion cells and nuclei. Winkelman and Moore ('44) observed no morphological changes in the cerebrum of the cat following electric shock treatment, but Ferraro Roizin and Helfand ('46) saw some vacuolization and pyknosis of nerve cells in the monkey brain. These seemed to be related to circulatory disturbances.

While Penfield ('20) had observed no changes in the Golgi apparatus following variations in nerve cell activity Kuntz and Sulkin ('47) and Sulkin and Kuntz ('48) used prolonged faradic stimulation to induce a breakdown of the Golgi network in the autonomic ganglion cells of cats. They also reported hyperplasia of interstitial tissue and capsule cells.

Einarson ('32, '33 '51) and Einarson and Krogh ('55) utilized gallocyanin-

chrome alum staining for estimation of basophilia in nerve cells. They found that ganglion cells of *Aplysia*, a mollusc, almost emptied of cytoplasmic basophilic substance following electrical stimulation. It was suggested that the chromophobe cells are in a state of excitation and the chromophil cells in a state of inhibition. Hartelius ('52) also employed gallocyanin-chrome alum staining for study of the cerebral nerve cells of cats following electrically induced convulsions. The decrease in basophilia was not so striking as that reported in *Aplysia* but it was considered significant. Liu, Baily and Windle ('50) using the buffered thionin technique did not observe changes in the chromidial pattern of the nerve cells of the spinal cord or spinal ganglia after electrical stimulation and they stressed the importance precautions against post mortem and fixation artifacts. Prolonged antidromic stimulation with 20 volts or more did cause some changes in the cat's hypoglossal nucleus. Hamaty and Truex ('54) saw a decrease of chromatin in the ganglion of the SA and AV areas of the adult dog's heart following vagal stimulation. Richtins and Hall ('58) reported altered toluidine blue staining reactions in the superior cervical ganglion following trans-synaptic stimulation.

Changes in the appearance of neurons can thus be demonstrated following electrical stimulation. Using such stimulation and the gallocyanin-chrome alum (Einarson, '32) and the toluidine blue (Richtins and Hall, '58) staining techniques the author has studied the segmental origins from the spinal cord of the preganglionic sympathetic nerve fibers which synapse in the cervical sympathetic ganglia.

#### MATERIALS AND METHODS

Twenty-nine healthy adult cats were used as experimental animals. Sodium Nembutal anesthesia was administered intraperitoneally (3 mg per kg of body weight) In each animal the adrenal glands were ligated bilaterally to minimize the effects of adrenalin. The incisions were sutured and covered with toweling soaked in physiological saline solution.

In ten of the animals a midline incision was made in the neck, and the left vago-

sympathetic trunk was exposed. The trunk was separated from the common carotid artery and severed caudal to the superior cervical and nodose ganglia. The distal end of the severed trunk was stimulated with an Electrodyne stimulator at ten volts and a frequency of 20 per second for a period of three hours. After stimulation the superior cervical sympathetic and nodose ganglia were removed together and treated identically throughout the preparation of the tissue sections. Experimental and control sections were mounted on the same slide for staining.

In some experiments drugs known to act on the autonomic system were injected intravenously previous to stimulation. Ergotoxine ethanesulphonate (0.5 mg per kg of body weight) was employed to depress the adrenergic components. Atropine sulphate (0.5 mg per kg of body weight) was used for paralysis of cholinergic postganglionic components and hexamethonium bromide (1 mg per kg of body weight) was injected to block the ganglionic synapse.

In 18 animals the spinal cord was exposed and completely transected cranial and caudal to the spinal nerve roots of the selected cervical or thoracic segment. The spinal nerve roots on one side were severed but left intact on the opposite side. The ventral root of the intact side was stimulated with an electrodyne stimulator at ten volts and a frequency of 20 per second for a period of three hours. This procedure was followed isolating individually the eighth cervical to the eighth thoracic segments of the spinal cord inclusive.

The cervical sympathetic ganglia and the adjacent nodose ganglion were removed from the stimulated and control sides. They were identically fixed and sectioned and mounted together on the same slides for staining.

The toluidine blue method as employed by Richins and Hall ('58) and the gallocyanin-chrome alum method of Einarsson ('22) were used in this investigation. The toluidine blue method for chromaffin tissue was developed by Wiesel ('02) and modified by Hess and Hollander (47) and Perce ('33). It was used to demonstrate metachromasia and was employed for study of glandular tissue by Kramer and

Windrum ('55). They observed no differences in staining reactions after fixation in 10% formalin and after 4% lead acetate in 10% formalin. It is significant that Tandler ('58) considered the lead acetate reaction specific for phosphate groups and that Landsmeer and Giel ('36) considered post-chromation necessary for successful staining of phosphates for Richins and Hall ('58) found lead subacetate fixation and post-chromation necessary for successful demonstration of their toluidine blue reaction.

The gallocyanin-chrome alum method demonstrates basophilia (Einarsson, '33-'51-'55). Since dispersion of the basophilic chromidial substance is observed in neurones after electrical stimulation this method was chosen to supplement the toluidine blue method.

#### OBSERVATIONS

##### A. The control superior cervical ganglion

The unstimulated superior cervical ganglion stained with toluidine blue contains neurones in which the nuclei and cytoplasm are blue in color. A moderate amount of granularity can be seen in the cytoplasm with homogeneous dispersion of the chromidial substance. The nuclei of the glial elements are blue and the cytoplasmic processes are yellow-green.

With the gallocyanin-chrome alum technique the neurones appear dark blue. The cytoplasm is granular with evenly dispersed chromidial substance. The nucleus is light staining with a darker basophilic nucleolus. The glial cells have blue nuclei and light blue cytoplasmic processes.

##### B. The effects of sympathetic trunk stimulation

After electrical stimulation of the cervical sympathetic trunk and staining with toluidine blue the neurones in the superior cervical ganglion are somewhat enlarged and green in color. The cytoplasm is green but clusters of dark staining chromidial substance may be seen at the periphery. The nucleus is light staining and eccentric in position. A nuclear cap of darker staining chromatin material may be located near a small portion of its

periphery. The nuclei of the glial cells are blue and their cytoplasmic processes are yellow-green.

Depletion of the chromidial substance is demonstrated by the gallocyanin-chrome alum method. There is almost complete disappearance of this material except at the extreme peripheries of the cells. The cells are somewhat enlarged, with eccentric nuclei. There is no change in the staining reaction of the glial tissue.

C *The effects of autonomic drugs*  
(See Table 1)

1 *Ergotaxine ethanesulphonate* This drug blocks the effects of stimulation demonstrable with toluidine blue. The neurones in both control and experimental tissues appear blue and granular. Glial cell nuclei are blue and the cytoplasmic processes are yellow-green.

2 *Atropine sulphate* With toluidine blue the neurones stain lavender-blue after intravenous injection of atropine sulphate. The cytoplasm and nuclei show this meta-chromatic reaction both before and after stimulation. Nuclei of the glial cells are blue and the cytoplasmic processes are pale blue.

3 *Hexamethonium bromide* Both the nuclei and cytoplasm of the neurones stain lavender with toluidine blue. Stimulated and control tissues show similar staining reactions. Glial cell nuclei and cytoplasmic processes are pale blue.

D *Stimulation of spinal nerve roots*

Color changes and chromidial depletions in the neurones identical to those resulting from stimulation of the cervical sympa-

thetic trunk are produced in the cervical ganglion after stimulation of ventral roots of the first three thoracic segments. Stimulation of the ventral roots of the eighth cervical and fourth to eighth thoracic segments inclusive, however to elicit these changes.

DISCUSSION

A. *The preganglionic connections of the superior cervical sympathetic ganglion*

Stimulation of the cervical sympathetic trunk provoked demonstrable changes in the morphology and staining characteristics of the neurones in the superior cervical ganglion. Enlargement of neurones, increase of the cytoplasmic-nuclear ratio, dispersion of chromidial substance, and peripheral displacement of the nucleus, variously reported in the literature (Hodge 1888, 1889, 1892, 1894) (Vas 1892) (Lambert 1893) (Nissl 1896) and (Pedi 1898) etc. have been confirmed.

The morphological changes previously reported have been produced mainly however by direct stimulation of the neurone or by retrograde stimulation of axons. Trans-synaptic stimulation, as employed by Richins and Hall ('38) has seldom been used. The toluidine blue method, as used by these workers, has been successfully used to demonstrate changes in the superior cervical ganglia following stimulation of the preganglionic fibers located in single isolated spinal nerve roots. This has made possible a study of the preganglionic components of the various spinal nerve roots with reference to their

TABLE 1  
*Toluidine blue staining reactions after intravenous injection of autonomic drugs*  
*Superior cervical ganglia*

	N drug	Ergotaxine		Atropine		Hexamethonium	
		Control	Stimulated	Control	Stimulated	Control	Stimulated
Nerve Cells and Cytoplasm		Blue	Green	Blue	Blue	Lavender Blue	Lavender Blue
Glial Cells		Blue	Blue	Blue	Blue	Blue	Blue
		Yellow Green	Bright Yellow Green	Yellow Green	Yellow	Pale Blue	Pale Blue

possible connections with the cervical sympathetic ganglia. Stimulation of the isolated ventral nerve roots of thoracic spinal cord segments one two and three resulted in changes in the morphology and staining reactions of the superior cervical ganglion on the side stimulated, but not in the contralateral ganglion. These spinal nerves, therefore appear to carry the pre-ganglionic components terminating in the superior cervical ganglion. Stimulation of spinal roots more caudal in position produced no observable changes in the ganglia. A widespread reaction was observed in the superior cervical ganglion after stimulation of any one of the three thoracic nerve roots. No differences in degree or distribution of the reactions in the ganglion were seen. This could indicate that the techniques employed were not highly selective and subject to diffusion, or that the synaptic connections of any one of the spinal nerve roots are widespread to all parts of the ganglia. The segmental relationships established are in agreement with the findings of Langley (1892) who could not elicit the pupillary response by stimulation at the level of the fourth thoracic segment, but who succeeded in doing so when stimulation was applied to ventral roots T1 to T3 inclusive. Billingsley and Jackson (18a) using the Marchi technique, also reported that the principle sympathetic outflow to the superior cervical ganglion originates from the first three thoracic segments.

Our findings do not support the findings of Foley and Schmitzlein, that T-4 or T-5 contribute significantly to the superior cervical ganglion. However this apparent discrepancy could be due to several factors inherent in the two different approaches with the more logical conclusions being that they do not synapse with adequate numbers of ganglion cells to effect changes demonstrable by our method. It might be speculated that some of these fibers pass through the superior cervical ganglion and synapse with aberrant ganglia along the course of intracranial arteries.

#### B The toluidine blue reaction

The exact nature of the toluidine blue staining reaction used in this investigation is difficult to establish Tandler ('38)

suggested that lead fixation is specific for phosphate groups and Landsmeer and Giel ('38) believed that phosphate groups in brain tissue act as substrates for staining with toluidine blue. These observations plus the fact that post-chromation is necessary for the success of the toluidine blue reactions, suggest that it acts upon phosphates.

Phosphate groups are the most abundant of the assayed components of nerve tissue Elliott ('55) lists more than 30 phosphorous compounds in such tissues. Since histological methods for investigating them are scarce further investigation of the toluidine blue reaction should prove significant

#### C The effects of autonomic drugs

Hexamethonium bromide blocks the synapses in the superior cervical ganglion, and ergotoxine depresses the adrenergic neurones which comprise most, if not all of the ganglionic neurone population. The activity in the ganglion which normally results from preganglionic stimulation is thus inhibited by intravenous injection of these drugs. The absence of the altered staining effects seen in animals not treated with drugs is thus readily understood.

Atropine depresses cholinergic postganglionic neurones. These are presumably not present in the superior cervical ganglion. The reason for the pronounced metachromasia following intravenous injection of this drug, therefore, is not clear but the drug might interfere with the processes involved in the development of the staining effects. Metachromasia is also observed in the neurones of the superior cervical ganglion following administration of hexamethonium. Richins and Hall ('38) suggested that it might be due to an accumulation of basic metabolites.

The results are summarized in table 1 of the Appendix.

#### CONCLUSIONS

Stimulation of the ventral nerve roots of isolated spinal cord segments T1 to T3 inclusive results in changes in the morphology of the neurones of the superior cervical sympathetic ganglion and in alteration of their staining reactions. The responses indicate that these segments ar



the chief source of preganglionic outflow to the ganglion.

The altered toluidine blue staining reactions seen after trans-synaptic stimulation (Richins and Hall, '58) are confirmed. Changes may also be demonstrated by use of the galloycyanin-chrome alum technique of Einarson ('32). The fact that these responses to stimulation may be nullified by pharmacologic blocking of the autonomic components indicates that they have real significance in the study of the functional activity within the ganglion.

#### SUMMARY

Electrical stimulation of preganglionic fibers of the severed cervical sympathetic trunk produces demonstrable changes in the superior cervical ganglion of the cat. Altered staining reactions and morphological changes are manifested with the toluidine blue method as employed by Richins and Hall ('58) and the galloycyanin-chrome alum method of Einarson ('32).

Stimulation of the ventral nerve roots of isolated thoracic spinal cord segments one to three inclusive also produced the effects in the ganglion. The preganglionic autonomic components therefore pass to the superior cervical ganglion from these segmental levels. Stimulation of the ventral roots of the eighth cervical segment of the spinal cord or of the fourth through the eighth thoracic segments showed no such effects.

Autonomic drugs may be used to nullify the observed effects of stimulation. This supports the concept that the responses are produced by nervous activity resulting from the stimulation employed.

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# Tubule Cells of the Rectal Salt-Gland of *Urolophus*<sup>1</sup>

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Harper and Hess (60) demonstrated a salt-secreting function for the rectal gland of the dogfish, *Squalus* thus furnishing a second example of a major extra-renal salt-regulating organ recently discovered in vertebrates. K. Schmidt Nielsen et al. (58) (K. Schmidt Nielsen, '60) previously discovered this function of the rectal gland in marine birds. In teleost fish, although the role of the gill in salt regulation has been recognized for over 20 years, the cellular localization of the function is not yet clarified (Doyle and Gerschl, '61).

The anatomy and histology of the elasmobranch rectal gland has been known for several decades and was described for *Squalus* by Hopkins ('17) Bernard and Rimmann ('60) and Bulger (unpublished '61) have made preliminary observations on the cytochemistry of these glands. The present work is concerned with electron microscopic observations on the structure of the cells of the tubules in the rectal gland of the round sting-ray *Urolophus hutchingsi* (Cuvier 1817) (= *Urobatis hutchingsi*) with a few notes on the dogfish, *Squalus*.

## MATERIALS AND METHODS

Specimens of adult male and female *Urolophus* were collected by skin divers and held for a few days in live-boxes at Fort Lauderdale Florida, prior to shipment by air to the laboratory in Chicago. Of 16 specimens studied, four were discarded as being in poor condition.

Specimens held in the aerated sea-water in which they were received are termed normal specimens. To ensure activity of the rectal gland some specimens were treated by injection of 3 ml of 5% sodium chloride into the stomach. This caused marked dilation of the gastric and rectal gland blood vessels within a few minutes

Treated specimens were fixed 20 minutes after injection and are designated salted.

Glands of normal and salted specimens were quickly excised sliced transversely and fixed for 40 minutes in 1% osmic acid buffered according to Palade at pH 7.4 with the addition of 0.2 M sodium chloride for some specimens. This mixture was replaced with 10% formalin similarly buffered and adjusted in salinity. After 15 minutes in formalin the specimens were placed in 60% alcohol, quickly dehydrated and embedded in methacrylate or epoxy resin (Shell Epon 812). For certain specimens the Michells buffer (barbital-acetate HCl) in Palade's fluid was adjusted to pH 6.9 7.4 and 7.7. The usual Palade fluid has an osmolarity of 0.20 and this was varied by addition of sodium chloride or urea to give total osmolar values of 0.56 to 1.0. The addition of urea equivalent to blood concentrations had no beneficial effects on the fixation. In general the variations in pH and salt content of the osmic acid fixatives gave minor differences in results.

Figures 2, 4 10 11 are selected from a normal specimen fixed in a 0.56 osmolar solution at pH 7.7. Figures 3, 5 6 7 8 9 are selected from a salted specimen fixed in a 0.20 osmolar solution at pH 6.9. Figures 4 to 11 inclusive are from specimens stained with lead after sectioning. All of the illustrations are taken from material embedded in methacrylate.

## RESULTS HISTOLOGY

The simple tapered cylindrical shape of the digitiform gland of *Squalus* other dogfishes, sharks, and skates is somewhat

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modified in *Urolophus*. In *Squalus* (see also Hoskins 17) primary and secondary simple tubular glands radiate from a large straight central duct via short lobular ducts. There is a peripheral arterial supply to a capillary network which courses centrally to a venous drainage via sinusoidal vessels bordering the lumen of the central duct. The capillary blood flow is concurrent in direction with the flow of secretion in the tubules. In *Urolophus* the gland is somewhat S-shaped and lobulated; the central duct branches and there is an increased number of lobular ducts. The overall pattern of vascular supply is similar to that in *Squalus* but the central sinusoidal veins are disposed in the connective tissue layer surrounding the central ducts. The central ducts have a multilayered cuboidal epithelium in which there are a few scattered intra-epithelial mucous glands. The lobular ducts immediately adjacent to the central ducts usually have two layers of epithelial cells, and at the next branching the ducts have a simple columnar epithelium. A thin layer of connective tissue surrounds the ducts. Nerves are prominent between the lobular ducts. The secretory tubules show some simple bifurcations near the periphery but are for the most part unbranched.

Whereas adult *Squalus* are approximately one meter long and weigh a few kilograms the *Urolophus* are small sting rays about the size and shape of a dinner plate (16-18 cm in diameter) excluding the tail, and 30-34 cm overall, weighing only 300-400 gm. The rectal glands are correspondingly reduced in size and its tubules are only 1-2 mm long. In cross sections however the tubules of *Squalus* and *Urolophus* are very similar.

The tubular lumen averages  $6 \mu$  in diameter but varies from  $3.2$  to  $30 \mu$ . It is surrounded by six or nine columnar cells which vary in height from  $18$  to  $8 \mu$  depending upon the distention of the lumen. Mucous cells are found rarely scattered singly in the tubular epithelium. The secretory cells have subspherical nuclei with one or more deep infoldings of the basal aspect of the nuclear membrane (fig 2). Nucleoli are prominent.

### Cell membranes

In the light microscope cross sections of the tubules show indistinct cell boundaries which appear as broad, bright regions in phase microscopy. In the electron micrographs (figs. 2, 3, 7, 8) this effect is seen to be the result of considerable interdigitation of lateral cell boundaries. In *Urolophus* these interdigitations are neither as deep nor as numerous as they are in *Squalus*. There is a distinct basement membrane (M fig 11) which tend to extend upward a short distance between adjacent cells. In most cells the basal cell membranes are infolded primarily at the boundaries of adjacent cells so that most of the base of the cell is relatively smooth. At the apical boundaries of the cells they are distinct, heavy plasmodesmas between cell boundaries at lumen (fig. 3, 10) at a short distance behind the heavy structures there are shorter ones with lateral striations. At the surface of the lumen the adjacent cell boundaries are approximated:  $100 \text{ \AA}$  apart.

### Cytoplasmic particulates

In paraffin sections of formalin-fixed tissues there is a weak basophilia and a moderately strong PAS reaction. Small granules which stain with Sudan Black B are readily seen with phase-contrast microscopy. These inclusions are insoluble in alcohol after formalin fixation, and they are readily identified in the electron microscope as dense lamellated (myeloid) phospholipid bodies. In the electron microscope granules typical of glycogen and RNA particles appear in figures 4, 5, 6, 8, 10. The RNA particles help to delineate the known conspicuous endoplasmic reticulum.

### Mitochondria

The tubule cells contain large number of long rod-shaped mitochondria with distinct transverse cristae. The average diameter of the mitochondria is  $0.3 \mu$ . The cristae are moderately closely spaced, the distance between adjacent cristae being about twice the thickness of the cristae. In contrast, in *Squalus* the mitochondria are somewhat larger in diameter and the cristae are more closely arranged, being about the same distance apart as the thickness of the cristae. The closer part

ing of cristae in *Squalus* may reflect a higher rate of metabolism correlated either with the differences in habits of the two genera or possibly related to the temperature differences in habitat between the Gulf of Mexico and the Gulf of Maine.

#### Golgi material

Membranes typical of the Golgi material are characteristically present in the supra-nuclear region (figs. 4, 8, 9). In figure 4 there are also shown parts of two large vesicles containing what appear to be vesicles of Golgi membranes, a similar vesicular structure is seen immediately to the right of the lamellar array. Vesicles of this type similar to figures of lysosomes are to be found in great variety including those which present multilayered but irregularly concentric membranes. Some of the latter have a superficial resemblance to the much more regularly lamellated myeloid figures of the dense lipid bodies (figs. 4, 5). Despite a wide range of shapes and sizes and heterogeneity of content, these membranous residues are clearly distinct from the phospholipid bodies in this material and do not make a continuous series with them.

#### Lipid inclusions

Between the nucleus and the apex of the cell there are three cytoplasmic components which are rarely seen in the periphery or basal portions of the cell. These are the Golgi membranes, the compound vacuoles to be described below, and the lipid inclusions. In the electron microscope the dense lipid inclusions show a variety of lamellar structures (figs. 3 (arrow), 4, 5, 6), notably myeloid lamellations characteristic of phospholipids (cf. Stoek, *et al.*, '56). They range in size from 1.0  $\mu$  down to 0.25  $\mu$  in diameter with most being larger than 0.5  $\mu$ . Surrounding most, but not all, of the dense bodies a thin boundary membrane can be distinguished. These lipid bodies are obviously heterogeneous, but they are always distinguishable from the vesicular elements of similar size containing membranous residues (fig. 4, 8).

#### Endoplasmic reticulum

A fine tubular form of the endoplasmic reticulum is found sparsely distributed in

our preparations of the gland. The gland shows slight basophilia in the light microscope and we find relatively little rough surfaced endoplasmic reticulum. In preparations stained with lead the small 150 A RNA particles which are relatively abundant (fig. 10) are less immediately obvious because of the prominence of numerous larger 300 A glycogen granules (fig. 8). The accumulations of these larger lead staining granules are consistent with light microscope observations on the distribution of PAS staining for glycogen.

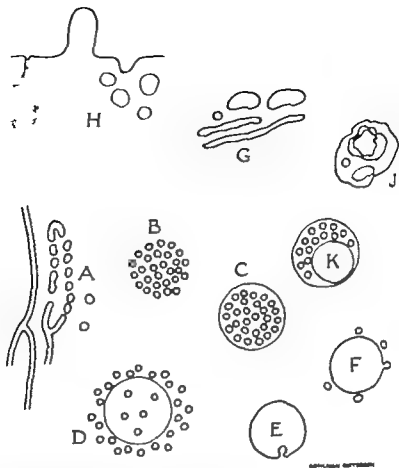
#### Vesicular elements of the cytoplasm

In addition to or possibly existing as modifications of the endoplasmic reticulum, there are numerous vacuoles in the cytoplasm which seem to fall into certain natural size classes.

The interdigitating cell membranes are lamelliform but give rise to tubular extensions in some regions. These tubular extensions contain intercellular substance and they give rise to rows of vacuoles (V figs. 9, 11). At the lateral borders of the cell the vacuoles are quite uniform in size and average 400 A in diameter with sharply defined boundaries.

Scattered throughout the cytoplasm but most numerous in the supranuclear region are vacuoles with an average diameter of 350 A and well defined membranes. They are diagrammed in text figure 1 B, C, D, E, F and appear in figures 4, 8. Vacuoles of this size are found (1) free and randomly distributed in the cytoplasm, (2) grouped in closely packed but evenly spaced clusters (text figure 1 B) and (3) enclosed in outer vacuoles about 0.4  $\mu$  in diameter (text figure 1 C, D). The last two categories are almost exclusively confined to the supra-nuclear region of the cell along with the Golgi membranes and lipid bodies. For discussion the 350 A vacuoles are designated unit vacuoles.

Close to the lumen of the tubule are found many vacuoles which are larger (average diameter 550 A) and which have a wider range of sizes than those just described (figs. 7, 10). Their walls appear to be thinner than either of the previously described (400 A and 350 A) classes of vacuoles and they appear to fuse with the apical cell membrane (or possibly to arise



DIFFERENTIAL CONTRAST

Fig. 1. A. Diagram of rows of vacuoles near lateral cell boundary. Compare with *V* figures 9 and 11. Vacuoles of the 400 Å class.  
 B. Dense aggregates of 350 Å "unit" vacuoles free in the cytoplasm.  
 C, D. Multivesiculate bodies as in figures 4, 6, 8.  
 E. Be-entrant figure of possible mode of origin of enclosed unit vacuoles.  
 F. Figure illustrating fusion of free "unit" vacuoles with outer vacuole. There is a suggestion of this in figure 4.  
 G. Golgi membranes.  
 H. Vacuoles with thin walls and varying diameters averaging 550 Å and found near the lumen. Compare figures 7 and 10.  
 J. Membranous residue (see text). Compare R, figure 4.  
 K. Compound form of multivesiculate body with dense material around the unit vacuoles.

from it) These vacuoles are difficult to distinguish from those bordering the Golgi membranes (figs. 4 ■ 9)

We are unable to distinguish whether the unit vacuoles have a so-called unit membrane as opposed to a single membrane on the apical vesicles.

#### DISCUSSION

No tests were made on the rate of secretion by the rectal gland, but we have as-

sumed that the gland is functionally comparable to that in *Squalus*. No striking structural differences were observed between glands in the "normal" specimen and those salted by injection of sodium chloride. Burger ('62) has observed continuous secretion at varying rates from the rectal gland in most cannulated specimens of *Squalus* even when in diluted seawater. Accordingly it is probable that all of the specimens examined in this work

had actively secreting rectal glands. As yet, no physiological control mechanism has been demonstrated.

Kuper and Hess ('59) showed that the secretion of the rectal gland in *Squalus* is approximately half-molar sodium chloride and contains very little urea. The blood is approximately one-third molar with respect to both sodium chloride and urea. Thus the gland concentrates sodium chloride a little less than twofold over the blood urea, and this is done isosmotically by virtue of retention of urea. Assuming a similar situation for *Urolophus* and assuming that the primary secretion in the tubule is the same as that in the excretory duct, these gradients of urea and sodium chloride are developed across a simple columnar epithelium.

Ignoring the morphology it might also be assumed that a uniformly increasing salt gradient exists from the base to the apex of the cell. But the fine structure of these cells is dominated by vesicular components to such a degree that these elements must be considered with respect to their possible role in salt concentrating mechanisms.

In the cytoplasm there are a variety of vesicular components (text figure 1) which can be arranged in series. It is observed that vacuoles occur in rows near the lateral interdigitations of the cell membranes (figs. 8, 11, V and text-figure 1A). The individual vacuoles are somewhat larger (400-450 Å in diameter) than those prevalent in the supra-nuclear region of the cytoplasm which are quite uniformly 350 Å in diameter. The 350 Å vesicles will be called unit vacuoles. Along with Golgi membranes and lipid granules, they are most prominent in the supra-nuclear cytoplasm. They occur free in the cytoplasm singly or occasionally as groups (text figure 1B) which are densely packed and evenly spaced. Similar vacuoles are found enclosed (figs. 4, 6; text-figure 1C, D) in outer vacuoles of 40-70 μ diameter. The enclosed unit vacuoles are identical in appearance with those free in the cytoplasm but are surrounded by vacuolar fluid in place of cytoplasmic ground substance. Sections of the larger outer vacuoles may contain 30-50 unit vacuoles rather evenly spaced. Occasionally quite complex forms

(text-figure 1K) have been found in specimens kept for 24 hours in poorly aerated sea water.

All of these configurations have a striking resemblance to the outlines of coacervates shown by Bungenberg de Jong (In Kruyt, 49) for a variety of model systems. His observations made with the light microscope referred primarily to much larger systems often 300 μ in diameter. Foams and polyphase liquid systems in general and coacervate systems in particular invite hypotheses for salt concentrating mechanisms since they characteristically involve local changes in ionic composition. At the same time, Bungenberg de Jong's demonstrations of inverse relationships in gels containing nucleic acids, or conditions for charge reversal, and the discrepant character of phosphatid coacervates require that we have much more information about the interior of cells before the analogies between the different systems can be very usefully applied. It should also be noted that the dimensions involved in the multivesiculate bodies of these cells are such that the forces significant to mesomorphic states may be more reasonably expected to apply here than in some of the previous analogies drawn from light microscopy. Lawrence's observations (In Kleineller and Koryk, '61) on a new type of interfacial interaction seem more pertinent here. His phase diagrams for ternary systems of soap, amphiphil and water offer interesting possibilities in salt transport mechanisms. Since the multivesiculate bodies are apparently equally well preserved after initial fixation in either formalin or osmic acid over an appreciable range of osmolarity and pH values of 6.9-7.7 they appear to be much more stable than Bungenberg de Jong's systems.

Sections of outer vacuoles as large as 0.5 μ in diameter have been found containing only one unit vacuole but empty circular vacuoles of that diameter are rare.

Rhodia (personal communication) has noted a specialized apical layer in the epithelial cells of the gills of *Squalus* which we have condensed for *Squalus* and *Urolophus*. Rows of elongate vacuoles, reminiscent of the cortical cytoplasm of some marine eggs, are present at the surface. This specialized layer is absent from the gills of the marine and fresh water teleosts examined by Rhodia. In the excretory duct of the rectal gland, in *Urolophus* fishes but on a larger scale, the apical cytoplasm of the surface epithelial cells of the ducts is filled with moderately dense vesicles. The relation (if any) of this surface specialization to retention of urea has not been studied.



There appears to be a limited range in diameter of the outer vacuoles from 0.29 to  $0.68 \mu$  with an average diameter of  $0.40 \mu \pm 0.07 \mu$  A.D. Since not all of the sections were meridional, the upper range of sizes found seems most probable. In 40 examples measured, two were found below  $0.3 \mu$  and two above  $0.5 \mu$  in diameter. The rarity of smaller sizes suggests a sudden formation of these outer vacuoles. Of the forms shown in text figure 1 groups B, C and D are common, whereas E and F are rare. We have never seen what might be considered fusion of the unit vacuoles in group B. Whether free in the cytoplasm or enclosed in outer vacuoles one characteristic of the groups of the 350 A vacuoles is the uniformity of spacing between them. The absence of smaller sizes of the outer vacuoles may be a result of extremely rapid fusion of groups of unit vacuoles followed by an almost simultaneous appearance of enclosed unit vacuoles. Alternatively a sudden phase reversal might give rise simultaneously to both the outer vacuoles and to the enclosed unit vacuoles whose membranes would be reversed in symmetry in comparison with free unit vacuoles.

Although a few U-shaped outlines of sections of incomplete outer vacuoles partially surrounding groups of unit vacuoles are to be found in this material, they are rare. Such formations might be sections of newly forming outer vacuoles or of collapsing ones. The remnants of such outer vacuoles might account for structures like J in text figure 1. On such an hypothesis the enclosed unit vacuoles would disappear by complete fusion with cytoplasmic matrix, and the fluid of the outer vacuole would be discharged in the cytoplasm to give rise to the thin-walled vacuoles H (text-figure 1). The latter appear to fuse with the apical cell membrane.

Compound vacuoles (multivesiculate bodies) of the sort described here are not rare in secretory epithelia, but they are seldom so prominent as in the *Urolophus* rectal gland. (They are a regular feature of the cytoplasm in *Squalus* but appear to be somewhat less abundant.) The simultaneous occurrence of prominent complex phospholipid bodies in this cell invites a search for interrelationships between them

and the vacuoles. In the present work no sequential relationship has been demonstrated. Consistent experimental production of lipid inclusions has been demonstrated by Spargo, Straus and Fitch ('60) in the renal papilla of potassium deficient rats. It may be significant that these bodies develop in the region of maximal sodium concentration.

Physiological and biochemical evidence has established the presence of lipids in vacuolar and other cytomembranes. In some more recent work the relationship of lipids to ion (especially sodium) transport has been presented. Hokin and Hokin ('60) and Hokin (in Kleinzeller and Kotyk '61) have stressed the significance of phosphatidic acid turnover to sodium transport. They have demonstrated high activities in the salt-gland of marine birds. The biochemistry of phosphatides has been explored by Kennedy ('61) and Beren, Hagen, Kennedy and Fielding ('61) and others. The pertinence of these and findings to morphological aspects of pinocytosis and pinocytosis has been reviewed by Karnofsky ('62). Karnofsky notes the absence of net synthesis of phospholipid in given situations which have high turnover rates and he discusses the phospholipid fractions which are most probably concerned in membrane phenomena.

The situation in the salt-gland of marine birds is quite different from that in the elasmobranch rectal gland. The morphological pattern of elaborately infolded cytomembranes found in the marine birds is replaced by the prominent vacuolar mechanism described above. In the birds there are well defined nervous, pharmacological, and osmotic mechanisms regulating the activity of the gland. In the elasmobranchs these mechanisms are yet to be determined. Studies on the phosphatidic acid metabolism of the elasmobranch gland have not been completed. It may well be that the striking morphological differences between the bird and elasmobranch glands reflect insignificant differences at the biochemical level. On the other hand, one might expect significant cytochemical differences in localization which might serve to test hypotheses such as Hokin's ('60).

## SUMMARY AND CONCLUSIONS

In contrast to the morphology of the principal cells of the salt-gland in marine birds where the cytoplasm is deeply divided into thin leaflets formed by extensive basal foldings of cell membranes (Doyle '60) the most striking feature of the cytoplasm of the principal cells of the rectal salt gland in *Urolophus* is the large number of compound vacuoles (multivesiculate bodies) in the apical half of the cell. Basal foldings are not extensive, but lateral invaginations are very numerous and run deeply into adjacent cells so that in the light microscope or in phase contrast, the lateral cell borders appear deeply fingered. Also in contrast to the tubule in birds, the terminal bars appear to be absent so that even after the use of deeply hypertonic fixatives and reagents which shrink the cytoplasm enough to open up wide intercellular spaces the apical regions of the cell boundaries remain closely apposed. It seems likely that the salt transporting mechanism in the rectal gland of the sting-ray *Urolophus* is characterized by a series of vesicular components of some complexity and there is reasonably good evidence for the discharge of large numbers of small vacuoles into the lumen of the gland by fission with the apical cell membrane. Possibilities that phase reversal occurs among vesicular components and some considerations of recent biochemical mechanisms relating specific lipids to salt transport are discussed.

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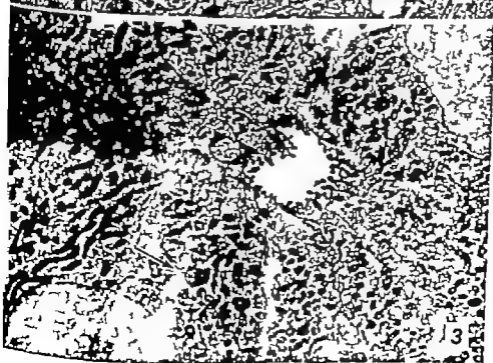
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PLATE 1

EXPLANATION OF FIGURES

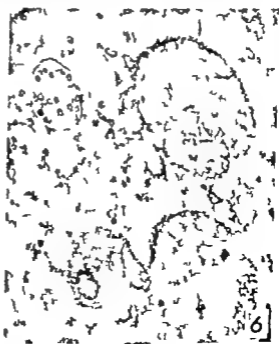
- 2 Cross section of secretory tubule  $\times 2,350$ . Typically infolded nuclei. The cell boundaries appear to be broad as result of interdigitations shown in figures 2 and 8. This lumen is  $8.5 \times 2.0 \mu$ .
- 2 Central portion of tubule in cross section  $\times 7,500$ . Portions of nuclei at lower left and upper right. At the lumen there are prominent plasmodesmas. In the cell at lower left there is a group of three dense phospholipid droplets among the mitochondria (arrow). Lumen approximately  $3 \mu$  in diameter. Salted specimen.



## PLATE 3

### EXPLANATION OF FIGURES

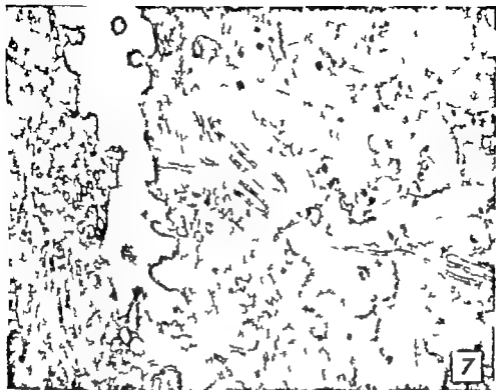
- 4 Typical supra-nuclear cytoplasm  $\times 36,000$ . Segment of nucleus at lower right. Golgi membranes at left center. Multivesiculate body in center corresponding to F in text figure and at lower right like D. Lamellated dense bodies near Golgi array should be compared with those in figures 5 and 6. Membranous residua, R. Salted specimen.
- 5 Phospholipid droplet with four areas of myeloid lamellation.  $\times 35,500$ . Normal specimen.
- 6 Three dense lipid agglomerates and two multivesiculate bodies. The long axis of the large ovoid conglomerates approximately  $1 \mu$ . Glycogen particles in the cytoplasm.  $\times 35,250$ . Salted specimen.



### PLATE 3

#### EXPLANATION OF FIGURES

- 7 Lumen of tubule in normal specimen.  $\times 35,250$ . Numerous vacuoles of 550  $\text{\AA}$  class in the apical cytoplasm. Compare figure 10. Note constriction of intercellular space at lumen.
- 8 Supra-nuclear cytoplasm near cell border with three multivesiculate bodies containing unit vacuoles averaging 350  $\text{\AA}$  in diameter. Compare C in text figure 1. Glycogen granules and smaller RNA particles stained with lead. Salted specimen  $\times 32,250$ .





## PLATE 4

### EXPLANATION FIGURES

- 9 Salted specimen  $\times 23,200$  Cell boundaries and associated rows of 400 Å vesicles, V at right. Golgi region upper left. RNA particles lower center
- 10 Normal specimen  $\times 36,000$  Longitudinal section of lumen. Apical vacuoles of the 550 Å class. Some fine tubular endoplasmic reticulum with RNA particles in upper portion.
- 11 Basal portion of cell in normal specimen  $\times 36,000$  Connective tissue along lower border and basement membrane, M, above it, V vacuoles approximately 400 Å in diameter





# Morphogenetic Studies of the Rabbit

## XIX. ACCESSORY OSSIFICATION CENTERS AT THE OCCIPITO- VERTEBRAL ARTICULATION OF THE DACHS (CHONDRODYSTROPHY) RABBIT<sup>1</sup>

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Reports by independent investigators of the manifestations and inheritance of disproportionate dwarfism in a number of species agree in showing evidence of generalized retardation of growth common to all and monogenic origin. They differ with reference to genetic dominance (some dwarf genes being dominant and others recessive) and in the pattern of localization of the greatest retardation effect. Usually the endochondral bones of the skull and the limbs are more severely affected, but the pattern varies and is species specific. When more than a single such gene is known per species the localization is found to be gene specific. Whether or not it is in part mediated by endogenous normal growth processes which may vary both between and within species depending upon the assembled genome is a question which merits careful examination. The critical test of species or gene specificity should be revealed by transfer of specific genes between genomes (genetic backgrounds). In such tests, a gene producing a qualitative or quantitative change in a region of ordinarily high stability would be particularly useful, especially so if that region had been of substantial evolutionary significance. The dachs gene (*Ds*) with its pronounced effects in the posterior skull and atlanto-axial region of the rabbit appears to be just such a case and, although the entire cervical region in mammals is considered by most morphologists to have been once singularly stabilized in number of elements and in their shape development and function, it nevertheless is one which has passed through a certain precise evolutionary change accompanying the develop-

ment of the tetrapod skeleton (Evans '39, Williams, '59). Abnormalities of this region compared with the thoracic and lumbar regions, are relatively few. Yet the *Ds* gene, arising as a single semidominant mutant, has induced extremely bizarre changes in the morphological pattern of this region, changes which fit into present ontogenetic and phylogenetic knowledge and which may help to elucidate some of the genetic processes involved in mammalian phylogenetic development. In a previous communication (Sawin, Ranlett, and Crary '59) the effect of the *Ds* gene upon the spheno-occipital complex was described. In this paper we shall describe variations induced in the occipito-vertebral articulation and discuss them in relation to present knowledge of the dynamics of bone development. Both are preliminary steps in a study of these regions as influenced by the gene when transferred to new genetic backgrounds.

### MATERIALS AND METHODS

The material on which this study is based is the same collection of 114 dried skeletons and 132 alizarin stained early postpartum specimens previously studied with reference to the skull sutures (Sawin, Ranlett, and Crary '59). The range in age is from birth to twenty-one and one-half months (the greatest age so far achieved by any dachs *DaDa* rabbit).

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## OBSERVATIONS

In the earlier study of the more mature skeletons of the dachs (Sawin and Crary '57a) variation in position of what was considered to be the dens and a bilateral duplication of parts particularly of the atlas ventral arch or hypocentrum, were noted. In fact, a generalized tendency for refinement of vertebrae and for expression of accessory elements such as independent traction epiphyses at the tips of many of the dorsal vertebral processes was noted throughout the skeleton. Such epiphyses were not associated with the ventral spinous processes on vertebrae 20-23 although these processes appeared longer than normal. Because of the bizarre alteration in shape of the epistropheus, the full significance of the accessory elements was not recognized at the time of collecting data for the earlier paper. It was not until Rafferty ('56) examined a group of new born dachs that the real nature and relationship of these elements began to be suspected. In attempting to describe and interpret the variation in these relationships we shall consider (1) the variations normal elements (2) identification of  $\gamma$  elements by their position and relationship to their neighbors, and (3) the spacing, whether fusion or articulation of neighboring elements.

*Variations in normal elements*

The relative position of the elements of the last two rings of bones of a normal (non-dachs) skull (excluding the elements associated with the sense organs of the ear) and of the atlas and axis are shown in figure 1 with the accessory elements induced by the dachs gene shown in broken lines.

The arrangement in the dachs is essentially the same as in the normal. The differences consist of displacement or abnormal spacing of functional parts accompanied by inclusion of accessory elements and subsequently by irregularities of fusion of adjacent normal and/or accessory parts resulting in malformation and malocclusion. The atlas centrum and neural arches are essentially normal except for occasional irregularities of fusion. The well-known normal union of the at-

lantal neural arches with the ventral arch (anterior arch in man) rather than with its centrum, and the union of atlas and axis centra to form the major portion of the epistropheus typical of most mammals is rarely disturbed, but the normal fusion of the proatlas with the epistropheus is rare.

The atlas hypocentrum of the dachs is in its normal position, ventral to the dens, to the plane of the other vertebral centra, and to that of the endochondral basal elements of the skull (figs. 2 and 4 of plate 1). It is less stable than in normal animals, being found in some individuals as two bilaterally symmetrical or asymmetrical parts, particularly in newborns (see fig. 6). In eight cases, it was found as a distinctly Y-shaped element as if formed by the fusion of two such elements (fig. 5).

Two cases were found in which the atlas centrum had likewise arisen as two separate centers of ossification.

*The proatlas centrum*

In the normal rabbit, the proatlas appears as a single ossifying unit (centrum only) lying anterior to the atlas centrum to which it fuses. (The typical position is dorsal to the ventral arch as shown in plate 1 fig. 2.) In our studies it never appears earlier than five days postpartum. In the dachs this unit is found in the same position (fig. 5) but is more variable in size, shape, the time at which it appears, and in the direction of its fusion as will be seen below. It was found at birth in two cases and by five days in all cases. It may arise as two centers and at all ages varies considerably in size and shape, not infrequently being found as two bilaterally symmetrical or asymmetrical centers in early postnatal development (figs. 6, 7, 9 and 10) and even in well advanced skeletons (fig. 13). It is often found to arise simultaneously with an accessory element, referred to below as the accessory ventral arch. Frequently it fuses later either anteriorly to basioccipital (fig. 11) or ventrally to an accessory proatlas ventral arch (fig. 12, plate 1) rather than posteriorly to the epistropheus. Sometimes it is found to ossify as two centers which ultimately may (or may not) fuse as shown in figure 12.

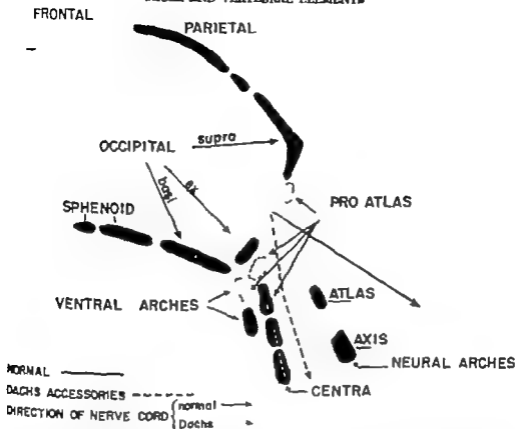
SCHEMATIC DIAGRAM OF POSTERIOR  
SKULL AND VERTEBRAL ELEMENTS

Fig. 1 The occipito-atlas-axis complex of the rabbit and the direction of the nerve cord are indicated by solid lines. The accessory centers of ossification and the modified position of the cord with reference to the skull occurring in the dachs (DaDs) rabbit are shown by broken lines.

#### Accessory ossification centers

A total of eight accessory elements have been observed in the dachs.

**Proatlas ventral arch.** The most common of these is one which arises at about the same time as the atlas ventral arch and lies anterior to it and at the same dorsoventral level (figs. 10 and 12 plate 1). It varies considerably in size and shape and very often arises as two bilaterally symmetrical or asymmetrical elements (figs. 8, 7 and 10) which at later ages are found in various degrees of fusion with each other (fig. 10). Frequently they seem to encroach upon and at later ages fuse with the basioccipital. The distinction as to whether the element is proatlas

centrum or hypocentrum is determined by its dorsoventral level with respect to atlas centrum and basioccipital. The proatlas centrum distinguished by its more dorsal position may also arise as a paired element.

**Proatlas neural arches.** Two other accessory elements are prominently associated with the exoccipitals. They are most easily seen in early postnatal specimens as posteromedial extensions already fused with the exoccipital. They tend to be partially separated by indentations, marked (3) in figures 5 and 21 (1) in figures 8, 15 and (2) in 30. Occasionally they are found attached to the neural arches of the atlas in all three genotypes

(fig. 11) In several of the older specimens they have been found as relatively flat discs fused into the occipital condyles where they provide the entire articulating surface of the condyle. In other specimens the only suggestion of their presence is the increased width of the exoccipitals themselves examples of which are to be seen in figures 6 14 19 26 and 27 (compare with figs. 4 and 18 with narrow exoccipitals) Figure 15 shows an asymmetrical basioccipital and pair of exoccipitals. The left member is broad and bears the condyle; the right is narrow and has a projecting element which due to its position, is assumed to be an accessory proatlas neural arch. It is fused to the exoccipital and bears the articulating condyle separated from the exoccipital proper by the obvious indentation. In some degree this variation can be misleading since in photographing the manner of orientation may result in exaggeration of width. However these differences as examined in most specimens are very real and will be referred to again in discussion of spacial significances. These accessory elements of the exoccipital are not peculiar in the

alone since as shown in table 1

may occur in normals also (fig 11)

ough with less frequency ( $p = < 0.05$ ) It is particularly noteworthy that in the dachs the cases in which these accessory elements attach to the atlas neural arches are relatively rare. Since in species other than man, the proatlantal arch rudiment is considered to fuse either with the atlantal neural arch or with the occipital bone and in man it assists in the formation of the occipital condyles (Sensenig '37) these *extensions separated in many cases by indentations* appear to be evidence of the proatlas neural arches. In the dachs as in man they are more often associated with the occipital bone than with the atlas neural arch

**Dorsal accessories** The last pair of accessory elements in the complex is located at a relatively high dorsoventral level. They occur as ossifications projecting medially into the foramen magnum which in normal rabbits is nearly round. Figures 22 and 23 show their most usual expression as simple outgrowths (4) from the exoccipitals. However as in figures 24 and

25 they may occur as small independent elements in part articulating with the supra-occipital as well as the exoccipital.

Thus a complex of accessory ossified elements has been described as occurring with a varied degree of expression in all homozygous dachs. Their position, degree of organization and functional adaptation for articulation of the skull and vertebral units indicates that they are not fortuitous inclusions but compensations or adjustments to changes in basic developmental processes.

**Spatial relations.** The nature of these processes is at least partially revealed by study of these relationships between normal and accessory elements longitudinally in time and as they become developmentally modified. In early postnatal animals with the more complete expression of the accessory complex, there is visible evidence of crowding. In older animals as in figures 32 and 33, this crowding becomes accentuated, leading to fusion and misshaping of adjacent elements, as in the flattened scale-like proatlas neural arches

TABLE 1

Shows the incidence of postcranial extensions of exoccipital separated by indentations which are believed to be primitive neural arches as observed in normal and dachs rabbits

	N	Indentation	
dada and Dada	36	11(30.5)	49
DaDa	53	38(71.5)	89
	91	47(51.7)	138

$$\chi^2 = 4.50 \quad df = 1 \quad p = 0.05$$

TABLE 2

Spacing of normal and/or accessory elements

Age	Number	% Open
Birth	31	23.5
1 Month	10	20
1 Month+	76	41.9
Total	117	28.3

$$\chi^2 = 2.36 \text{ n.s.}$$

Open relationship includes all dachs, both with and without the accessory elements (proatlas complex and ventral arch), whether single or bipartite and proatlas neural arches) in which the space for the normal and accessory elements was larger than in normal rabbits of the same age. Close relationship is that in which all space is occupied except for narrow subatlantal space surrounding all elements, which is typical of the non-dachs (dada).

in figure 33. At the other extreme in a few cases such as those portrayed in figures 30 and 31 accessory elements may be present without manifesting obvious crowding. In occasional cases (at least at birth) wide spacing occurs without the presence of accessory ossification centers.

Ossification of the proatlas centrum in both normal and dachs tends to occur at around 35 days postcopulation (pc) and is a small per cent of individuals it is found at birth. In a similar small per cent it does not appear until well into the second month postpartum. A plot of the present data shows a distinct trend for the ossification of this centrum in the dachs to be more precocious than in the normal but on the other hand there may be individuals in which it fails to occur at all. In this population it is always more closely associated, and frequently fused, with the accessory proventral arch (when such is present) than with the atlas centrum. Table 3 shows that the proatlas ventral arch is in two bilaterally placed parts in 33% of individuals at birth, but in only 38.3% of 33 individuals observed some time after one month of age could two parts be identified. This may indicate a tendency to fuse as portrayed, for example, in figures 9 and 10.

These relationships of size and spacing of normal and accessory elements in many respects are very similar to those between sphenoid and occipital complexes, as described by Sawin, Hanlett, and Cray (59). In the latter where fusions occur in sutures not normally closed, or remain partially open where normally they do close there also occurs a distortion of elements due to abnormal interrelationships or crowding. Further evidence bearing on the significance of these interrelations is

revealed by examination of symmetry of the paired ossification centers of this region.

*Asymmetry of normal and accessory elements* As described above, all of the atlas and proatlas (normal or accessory) elements, both the normally paired and those which are bipartite accessories, can be asymmetrical. These asymmetries may involve only one pair of elements but frequently two or more are involved. The most common of these relationships have been shown photographically (figs. 15 and 20 referred to above, and figs. 26-29). The last four are perhaps more revealing of the actual growth processes involved than is the mere presence of accessory elements themselves because almost invariably differentials in size within one pair are reflected in some way in one or the other element of the next adjacent pair. Most striking of these are the relations between asymmetrical proatlas ventral arches (or in some cases a bipartite dens) and the basioccipitals (figs. 26 and 27). They are clearly shown also in figures 28 and 29 where, in both cases three pairs of elements are actually affected. In figure 28 these include basioccipital, proatlas ventral arch, and atlas ventral arch and in figure 29 the basioccipital, exoccipital, and proatlas ventral arch. Thus there is a tendency for deficiencies in one element to be compensated or replaced later by greater growth of adjacent elements or by the inclusion of an accessory element.

Tabulation of the dachs data on the basis of asymmetry of the proatlas centrum and ventral arch reveals a decrease in the two older age groups bordering on statistical significance. Asymmetries also are found involving the exoccipitals and atlas

TABLE 3

Distribution of dachs rabbits with respect to the presence or absence of accessory elements of the proatlas including centrum (C) and proatlas ventral arch (P.V.A.)

	Total	No accessory	P.V.A.	P.V.A. C	Bipartite P.V.A.
Birth	49	1	32	16(32.0)	25(53.0)
1 Month	17	3	8	11(64.7)	8(47.0)
1 Month +	33	1	43	24(72.7)	12(36.3)
	99	5		51(51.5)	45(45.4)

Figures in parentheses are per cent.



neural arches of both dachs, heterozygotes and normals in 17 cases. These are characterized by notches either medially in the exoccipital (fig. 8 to right) or laterally on the atlas neural arch (fig. 11). They are most striking in the dachs where their shape and extension medially is such as to indicate their compensatory tendencies. The fact that this abnormality occurs in normals as well as dachs indicates that this region is susceptible to variation which was neither observed nor suspected prior to its discovery in the dachs. It may or may not be a matter of coincidence that such abnormalities have been controversial in studies of human anatomy of the region (Sensewig '57).

#### DISCUSSION

At least four explanations have been proposed for the effects of genes which induce such localized retardations as are found in the dachs. Briefly they can be stated as (1) retardation at a critical time (Landauer '31) (2) failure of mesenchymal condensations to attain a critical size at proper time (Grüneberg, '52) (3) failure of such condensations to reach a critical stage with respect to cell differentiation or biochemical change (Grüneberg, '55) and (4) growth depression of regions where an allometric ratio already normally exists (Curry '59). Based on present information, none of these theories can be completely excluded, yet none fully accounts for the effects of the dachs gene in this region as described above. Landauer's interpretation of the creeper fowl would apply to the dachs insofar as a nonspecific reduction of growth rate is concerned. If one particular time, stage or biochemical activity is more critical than another it would seem that the period of mesenchymal condensation as reported by Curry for droopy ear is the most likely in view of the growth pattern similarities induced by the two genes. However the association of growth depression within a region involving an existing allometric ratio as the critical influence which Curry suggests, seems to apply more specifically at least to the occipitovertebral portion of the dachs pattern because it takes into account the interrelation between neighboring tissues. The first three theories which refer

to only one time, size or stage, appear to be based on assumption of a relative tissue autonomy. Judged by present evidence of the etiology of bone shape and direction of growth, this may be regarded as the exception rather than the rule. As a generalized abnormality of a region the ultimate adult pattern is traceable to one tissue, seems to be dependent upon at least three relationships taking place at times as the animal develops. These are (a) reduction in size of normal elements including minimal luxation and displacement, and maximal spacing, (b) of accessory elements, and (c) atypical fusion.

The first of these is obviously a change in the rate of growth of tissues which, though first observed in the dachs, could occur much earlier. However the exact point at which a defective allele begins to function is not easy to determine. Demerec ('34) refers to certain genes inducing major effects in the wings and eyes of *Drosophila*. Although otherwise visibly normal, these flies were later found to manifest cell lethality in the hypodermis of the thorax. He concluded that the presence of all major genes of a gene complex are essential for vital functions of a cell from one cell generation to another. Thus any retardation effect in the initial stages might be very small, though the early embryology has not been examined, it is obvious in dachs specimens at birth that size is reduced and spacing of the usual occipitovertebral centers is irregular and more apparent in some individuals than in others. It appears to be the first step leading to induction of accessory ossification centers. Understanding of the significance of the dachs accessory centers can be better understood by considering where and under what circumstances such accessory skeletal units are known to arise. In the axial skeleton they arise in at least four ways three of which are associated with growth processes directionwise with the vertebra itself; (1) as inclusions in the primary anteroposterior axis of the axial skeleton by splitting of bilateral pairs of ossification centers

stead of the normal single and (3) as one or more duplications in a dorsoventral orientation, the last a result of the functional relationship between vertebra and nuchal. Elements of the first occur as homocytic complete single vertebrae or parts thereof at any one of the regional borders. Such elements have been described and extensively studied descriptively and experimentally in many species and their possible origin speculated upon. In domestic and laboratory animals many of these variations are recognized as normal for breeds, strains, and sublines. Others are more sporadic in occurrence and asymmetries of such elements, such as hemivertebrae, may lead to scolioses and other abnormalities. In this category fall the accessory proatlas of droopy ear (*de*) and Danforth's short tail (*3d*) which is acquired by the splitting of the dens into an anterior and a posterior part, the anterior in some cases being incorporated by fusion into the occiput. The proatlas neural arches of the dachs likewise appear to arise in this way. Such accessories are essentially duplications within the longitudinal arrangement of the axial skeleton and could arise from abnormality in the primary cephalocaudal growth gradient. They may however be localized in the activity of some one of the secondary gradients oriented in the same direction, the activities of which are responsible for the differential lengths of the parts of the several vertebral regions.

The second type of accessory element, arising by bilateral duplication or paired ossification centers in place of one is typical of many normal elements notably those of the skull vault and the vertebral neural arches which are paired, whereas the basal bones (basisphenoid, basioccipital, for example) vertebral centra, and sternbrae are single. Some of these always arise singly; others, such as the vertebral centra and sternbrae, are usually single but quite subject to duplication. In many cases bipartite centers later fuse into one in such manner that their double origin is never suspected. In the mouse bipartite vertebral centra were considered to occur as a part of generalized mesodermal growth retardation initiated around the twelfth day (MacDowell, et al '42). In the

rabbit bipartite centra have been described by Sawin and Crary ('57a) as occurring in the thoracic and lumbar regions of two races III and X, at around 21-22 days gestation. More recent observations of later fetal ages lead us to believe that they are normally manifest for a short time only and disappear by coalescence. Cases which persist are abnormal probably due to prolonged retardation of growth. It is interesting to note that this bipartite condition in the axial skeleton seems to fall in regions where there is quantitative evidences of increased breadth, as is frequently the case with the proatlas and atlas hypocentrum.

A third type of accessory is illustrated by the duplication of centers in the third dimension. Evidence for this type is not as abundant as for the other two and the variation is not as easily recognized. This is due to the relative degeneration of the segmental arrangement of somite derivatives in mammals. Its most extensive expression in the rabbit has been seen in individuals homozygous for the achondroplasia gene (*ac*) (Crary and Sawin, '62). Here multipartite centra may arise as a single dorsal center and one or more ventral centers. This is most frequently seen in the thoracic region. Better known evidence is found in the well-known ventral arch of the atlas and the chevron bones of the tail, which are considered remnants of the ventral arches of the vertebrae in lower vertebrates.

All three types of accessory are manifest in the variation at the occipitovertebral border of the dachs. Possibly some types of dens variation in the dachs may arise by anteroposterior splitting but our present observations show the duplication to be only in the other two dimensions. Frequently the dens itself is bipartite and the accessories are developed dorsally ventrally and laterally. They include (1) the proatlas hypocentrum or ventral arch, which may develop singly or bipartite (type 2) (2) a pair of centers whose relation to the occipitals is comparable to the elements which other investigators have found fusing either to the atlas neural arches or to the exoccipitals and which have been designated proatlas neural arches (Sensenig, '37); and (3) a rela-

tively new pair of accessory elements articulating with or attached to the supra occipitals and extending into the foramen magnum. Insofar as we can find these latter elements have not been previously described in other species. Their position on either side of the brain or cord and extending posteromedially suggests that they also are a part of the proatlas complex of elements which together comprise a unit which is transitional between the occipital skull complex and the first vertebra. Specifically it probably represents a more complete form of the half vertebral segment which in the normal animal is the dens epistropheus. The dens (when present either singly or bipartite, or even its locale when absent) seems to be the center around which the complex is oriented. Both the atlas and proatlas hypocentra and the proatlas neural arches are of significance historically the one being considered homologous with the chevron bones of the tail vertebrae (Evans, '39) and the other sometimes recognized as variants fused into the exoccipital or the atlas neural arches (Sensenig, '57).

That initiation of new centers or re-establishment of historically lost centers of ossification can in most cases adjust for deficient or retarded growth in some ways may appear paradoxical. However the fact that all of the accessory centers of the proatlas region are organized in the same relative positions as those of adjacent normal atlas, axis, or skull elements indicates that they are not fortuitous, but arise from a single modification of the inherent growth forces responsible for differentiation of this region. Further more once established, the accessory units resulting from this compensatory mechanism together with the normal units have a combined growth capacity sufficiently greater than the available space so that some degree of fusion is inevitable. Establishment of new centers in some way increases the growth potential of the region.

The fourth type of accessory center has been reported as occurring in the dachs rabbit at the tips of many of the vertebral processes (spinous, mammillary and particularly the transverse) (Sawin and Crary '57b). These were interpreted as traction epiphyses because they occurred in

tendons or at the muscle insertions rather than being performed in cartilage. Like the accessory elements of the occipitovertebral border they were found at points where generalized retardation was interfering with the normal attachment and function of interrelated parts.

Traction epiphyses were first described by Parsons ('04). Their origin and evolution in birds and mammals and their relation to sesamoid bones have been described and discussed by Barnett and Lewis ('58). Their origin is related to the functional activity between muscle and bone, but they are not a component part of that bone. Further examination of dachs and normal vertebrae at various ages reveals the fact that, like the bipartite centra, these epiphyses at the tips of the spinous, mammillary and transverse processes are not peculiar to the dachs but may be found in other races of rabbits at various ages and under relatively normal circumstances. They appear to occur particularly in individuals which show other evidences of skeletal retardation, especially as the zonal approaches adolescence. Thus these elements appear as compensatory adjustments to retarded development of the specific bony processes involved and are apparently under the tension influences of muscle and tendons normally associated with these processes.

Tension and compression appear to be prime factors in the establishment, differentiation, and shaping of all mesodermal tissues. Response of connective tissue to such forces has been demonstrated by Weiss ('29) Glibekman ('39-'42) and Weiss and Amprino ('40) in prescleral mesenchyme and young scleral cartilage *in vitro*. These authors have shown that the thickness of cartilage apparently is varied inversely according to the amount of tension prevailing during formation. Strong tensions tend to suppress the differentiation of chondrogenic tissue. Moderate tensions affect the differentiating cartilaginous plate the stronger the tension the thinner the plate. Further a definite relation was indicated between stretch size of proliferating surface and growth rate.

In an intensive study of normal and screwtail mice Bryson ('45) has shown

that the influence of rapidly developing costal cartilage delays and inhibits ossification of the sternum at the region of contact in both screwtail and normal, resulting in a segmented sternum, whereas retarded development of approaching costal cartilage sufficient to prevent contact permits the ossification of the entire sternum as a single unit. The same sort of situation was found by Stein and Mackensen ('57) in the loop tailed mouse. The opposite effect, coalescence of several ribs into one cartilaginous continuum, apparently occurring by overgrowth of the ribs can also take place in the congenital hydrocephalic mouse as shown by Grüneberg ('53). The relationship between bone and cartilage in the sternum has been beautifully confirmed experimentally by Chen ('52, '53) who favored a mechanical explanation rather than a chemical one. Thus, some sort of effect upon the chondrification-ossification process by the mere interrelation of developing tissues is indicated. Such interrelations have been studied intensively by numerous investigators (notably Watanabe, Laskin, and Brodie '57 and Washburn, '47) with respect to association of the developing skull bones and the sutures by which they are separated, or by fusion, joined together. These have been reviewed by Young ('59) who has shown further that experimental alteration of the cranial contents adapts the skull to fit and modifies the time sequence of maturation in sutural areas. The trabeculae of new bone are laid down according to arrangement of sutural tissue i.e. parallel to sutural cells and fibers. He concludes that the skull is a complex of relatively independent functional components which are intimately related to particular soft tissue and that borderline regions are susceptible to forces arising in more than one group of neighboring soft tissues, depending on direction and extent of these forces. Such interrelation of tissues, however is not limited to the skeletal tissue but may arise much earlier. Zwilling ('56) has evidence of reciprocal dependence of embryonic limb bud ectoderm and mesoderm.

These same influences arising from the interrelationship of tissues are clearly shown by Fitch ('57) in the study of cleft

palate and other anomalies associated with the mutants urogenital (*ur*) and phocomelia (*pc*) of the mouse where the change in spatial relationships of the head is accompanied by alteration of length and width dimensions of parts by accessory ossification centers between the frontal bones of the skull; and by duplication of ossification centers (bipartite) accessory elements and fusions in the vertebrae.

The third manifestation of retardation, fusion of skeletal units has been mentioned in passing several times above. Fusion, as in the case of the epiphyses of the vertebrae and long bones, is an event of maturation, which terminates the capacity for growth. However there are other cases of elements in many species which fuse prematurely under normal circumstances, for example in the frontal bones of the human skull, certain of the skull sutures of the rabbit (Sawin, Ranlett, and Crary '59) the pelvis and sacrum etc. The pattern of such fusions is varied from species to species and at least some lines within species (Grüneberg '50 Searle, '54; Deol, '55). Premature and abnormal localization of fusion particularly of the sphenoid and occipital bones, is also found in at least certain of the achondroplasias. In man (Stein '55) and in dwarf cattle (Tyler et al. '57) it is considered pathognomonic. In the dachs rabbit the amount of fusion in this region is varied and is accompanied by diminution of fusion in the occipital complex (Sawin, Ranlett, and Crary '59). Now having also found in the same population of dachs a diminution of fusion in the epistropheus accompanied by a tendency for fusion of the proatlas accessory elements to the occipital complex, it appears that there is a forward shift of the fusion process at both the occipital and proatlas borders.

Apparently the situation is closely similar to that described by Curry for droopy ear in that re-establishment of the proatlas hypocentrum either as a single or bipartite element in some manner inhibits normal fusion of the proatlas and atlas centra. Either the proatlas centrum alone or with its own hypocentrum joins with the basioccipital or the proatlas hypocentrum usurps the position of the proatlas centrum and fuses with the basioccipi-

In either case the atlas centrum is forced to form a two way articulating surface or single condyle for articulation of the skull as shown by Sawin and Crary ('57b). Both are reminiscent of the situation found in birds, crocodiles, monotremes and other earlier vertebrate forms. Hence fusion cannot be considered exclusively as a maturation phenomenon. The manifestations of crowding with fusion occurring at the more closely approximated borders reveals the pattern to be dependent upon the relative intimacy and growth capacity of neighboring ossification centers generated by establishment of accessory centers under the early influences of retardation.

Fusion and induction of accessory elements both seem to be dependent upon interrelations of adjacent elements, in a manner paralleling the length to width pattern of growth observed in the *ur/ur* mice by Fitch ('57). Genetic differences in the directional pattern of vertebral growth (length and width) have also been described by Sawin and Crary ('56) in unrelated and closed racial populations of normal rabbits and in normal and dwarf cattle (Tyler, Julian and Gregory '57). The concept of orientation and directional growth patterns is by no means new. The law variously referred to as of developmental direction, anteroposterior development, and cephalocaudal growth is well known. It is based on the finding that development (including growth and differentiation) in the long axis of the body appears first in the head region and progresses towards the tail, with secondarily a similar progression in the transverse plane beginning in the mid-dorsal region, and progressing lateroventrally in body and proximodistally in limbs (Kingsbury '24). In plants Sinnott and Dunn ('35) developed the concept of genetic control of relative rates of growth in specific directions or dimensions by study of size and shape of plant organs. Although in animals the suggested physiological gradient mechanism by which it operates is extremely difficult to establish, the patterns of differential growth arising from and centering around it have been empirically recognizable particularly in the skeleton and in most of the soft tissues for more than 60 years as described by numerous investi-

gators. In laboratory animals the primary anteroposterior gradient is perhaps most clearly portrayed in the work of Butcher ('29) on the developing somites of the rat. Retardation of this gradient was found by Hubbs ('26) to result in production of extra somites whereas acceleration acts in a contrary manner. This was confirmed by Danforth ('32) and by Roomerell and Dahlgren ('35) in studies of the effect of temperature on the vertebrae of the fowl and fish. The nature or extent of the secondary gradients is not clear but Hill ('47) on the basis of genetic studies in the rabbit, considered the ribs to be influenced by at least one subsidiary gradient of high intensity. Danforth ('30) in a study of human vertebrae concluded that there is no such thing as a "particular vertebrae" but that each vertebra is the result of numerous influences acting as individual gradients. This overlapping of gradients is apparent in the figures of fetal rabbit vertebral centra (Sawin and Crary '56) where interaction of both anteroposterior and transverse subsidiary gradients are portrayed in photographs both of bipartite centra and by measurement. This overlapping of gradients was recognized not only by Danforth but also by Huxley ('32) who pointed out that "his localized growth change is not in reality fully localized, but must operate within the framework of the main growth gradient of the body obviously an interactive effect."

Still another large mass of experimental evidence is available which although not directly bearing upon this particular point illustrates the importance of knowledge of the interrelation of growth influences. This consists of the numerous studies of growth processes by heteroplastic or organ transplantation in amphibia, which are summarized and documented by Twitty and Elliott ('34). These studies have been instrumental in demonstrating (1) the stability of the specific growth rate of a species; (2) the manner in which both intrinsic and extrinsic regulatory influences may operate in modifying it; (3) the manner in which they can regulate and compensate for disharmonic size and (4) the influence of functional and me-

chemical factors on size and on localized growth.

Then, in view of our present knowledge of the etiology of bone differentiation discussed above, failure of normal coordination of the successive growth processes of mesenchymal condensation, chondrification, and ossification initially induced by any generalized retardation could account for both the morphological aberrations at the occipitovertebral border and also through genetic mechanisms the histological changes through which the mammalian occipitovertebral articulation has evolved. The processes involved seem to be in no way unique since they have been demonstrated to be operative elsewhere both experimentally and genetically. The *Dachs* gene resides in the number of processes which are portrayed in its expression in this specific region. The intrinsic growth of the region, which normally is relatively stable (not only within the species but in mammals generally) is retarded. This is compensated by induction of accessory ossification sites which portray the effects of growth deficits in three directions (anteroposterior, transverse, and dorsoventral) and by their functional interrelations which in turn lead to abnormality in articulation and fusion. In the light of this chain of events the primary defect of growth retardation may not have any one specific critical time stage of development, or biochemical state but might well arise at conception (as suggested by Demerec (24) on the basis of experiments in *Drosophila*) and repeatedly create critically imbalanced relations, minor and unnoticeable at first, but which increase making it more difficult for adjacent tissues to compensate and fulfill their normal obligations.

Study of the changes in pattern of growth determined by the interaction of the processes in this region when the *Dachs* gene is transferred to new genomes should afford unique opportunity to evaluate the ontogenetic and evolutionary processes involved, and these are now in progress.

#### SUMMARY AND CONCLUSIONS

1. Study of the variation in morphology and localization of retardation in the oc-

cipito-atlanto-axial region of 246 rabbits (*dachs* and normal controls) ranging in age from birth to 21 months compared with normal controls of the same race shows abnormality of spacing, induction of from one to eight accessory ossification centers and fusion of normal and accessory parts. By their relations to normal centers of the region these are considered to represent the component parts of a complete extra unit of the axial skeleton comparable either to a vertebra with centrum neural arches and hypocentrum, or to the last or occipital ring of skull bones. Having as it does components of both vertebra and skull, it may be considered as a transitional unit inserted between the two.

2. The proAtlas centrum, which in normal rabbits first appears by the thirty fifth day (postcopulation) is much more variable being found in some cases at birth (31) and in others not until after 60 days. Its fusion tends to be anteriorly to the occiput or ventrally to the hypocentrum.

3. The syndrome of *dachs* abnormality in this region is compared with that of similar variants in other animals and discussed in relation to retardation, induction of accessory ossification centers, and abnormal spacing the role of intrinsic and extrinsic factors of tension and compression, the interrelations of adjacent tissues and the orientation of cells and directional growth as produced experimentally by tissue transfer and by other mutations and in relation to the phylogenetic history of this region.

4. The syndrome can be interpreted on the basis of present experimental knowledge of skeletal development. It has its origin at least as early as mesenchymal condensation, and at a time when the primary cephalocaudal gradient is still active and the secondary or transverse gradient is being established (at least in this region). From this point on, the range of effect, the number and size of ossification centers and their degree of ultimate fusion, are largely determined by the initial rate of growth of each center and its relationship (proximity and position) with respect to normal and accessory neighbors.

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PLATE I

EXPLANATION OF FIGURES

1 eye where otherwise noted figures are ventral view of each (Da/Da) occipito-  
 occipital region of the skull. Not the shape of the occipital condyles (1) and (2)  
 (normal and heterozygotes) as on p. 100 with each fig. nos 3, 6 and 7

- 2 Normal (homo) birth shown in mid line (top to bottom) re basiphenoid basilar pituitary and entorhinal sulci. In same order re optic chiasm, external and internal carotid arteries. Prostate, entorhinal, and olfactory bulbs. Normally it is found 1 day after birth in diaplast of the skull.
- 3 Head of goat (Dard) 24 hours post partum showing (1) a bottom with normal ventral arch (2) between broad occipital (1 and 2)
- 4 Mouse (homo) with 1 and 2 of occipital arch and 1 arch but no accessory occipital (1 and 2)
- 5 Two newborn of entorhinal and new arches (bottom line) transverse arches (1) with y-hypophyseal entorhinal (2) and 1 on 11th hour post partum centrum of the brain. Note the red haze of the skull and the occipital arch which protrudes from the skull. medi.
- 6 Shows the entorhinal arch and 1 and 2 centers (1) and 2 on 11th hour post partum. The occipital arch (very small) lies below the entorhinal arch.
- 7 Newborn mouse of arches with no occipital arches. Note the position of the occipital condyles (1) and (2) and the position of the occipital condyles (1) and (2) and the position of the occipital condyles (1) and (2).
- 8 Shows normally with the prothoracic centrum dense. Ventral arch has been displaced to right.
- 9 Shows with normal ventral arch bipartite prothoracic centrum (2) and 1 on prothoracic neural arches fused to occipital (1). Note the crowded relationship of parts.
- 10 Animal (stillborn) has a similar pattern with unusually large asymmetrical bipartite prothoracic centrum.
- 11 Extremely large bipartite prothoracic ventral arch tending to fuse with the occipital and exceptionally wide occipital with accessory neural arch too large (28 days postnatal).
- 12 At birth (Dada) how prothoracic neural arches fusing to all neural arches. Note spacing of parts and relative size of the neural arches. Also ventral arch is removed in order to show the skull and sinuous tip of the dens extending on the occipital centrum. See also figure 13.
- 13 Shows posterior view of the skull with much reduced ventral arch (1) fused to bipartite prothoracic arch (2) (note 1 top) and 1 prothoracic centrum (3) lying between (2 and 3).
- 14 Shows view of posterior of 2 months old mouse. Note the occipital condyles (1) and (2) are symmetrical two-parted prothoracic centrum (2) with both parts fused to the basilar part of the occipital condyles (1) and (2) and the occipital condyles (1) and (2).

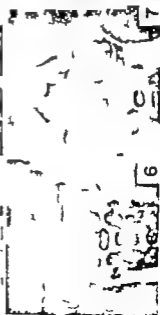
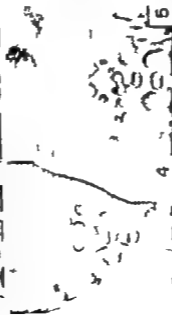


PLATE 2

EXPLANATION OF FIGURES

- 14 Shows extreme width of exoccipitals and no accessory units. Compare relative refinement of ilia neural arches with figures 10 and 11 (age 1 day)
- 15 Shows asymmetry in length of basioccipital and in width of exoccipitals. The cleft in the exoccipital on the right, it is believed separates proatlant neural arch (1) which has united with the exoccipital (age 4 days)
- 16 Shows extreme breadth of exoccipitals associated with bipartite ilia and proatlant neural arches partially fused to each other but sharply (age 34 days)
- 17 Shows relatively broad exoccipitals, with very small proatlant centrum (2) in liberal space (age 50 days) Atlas neural arch removed.
- 18 Shows very narrow exoccipitals (1) with proatlant neural arches occurring as small flat scales (2) fused anteriorly to the condyles of the exoccipitals. Compare with figure 23. Note the telescoped relationship of basioccipital and basioccipital and fused synchondroses (see fig 25)
- 19 Ventral low skull which likewise has very narrow exoccipitals (1) and bipartite proatlant neural arch (2) and with part basally independently fused to the basioccipital between the condyles (3) (Age 3 months) (See fig. 24)
- 20 Shows ventral view of axis (below) and ilia of same specimen as in figure 19 with retarded asymmetrical ventral arch (1) and proatlant neural arches (3) partially fused to the neural arches (2) A bipartite proatlant centrum partially protrudes anteriorly (3)
- 21 In this specimen the normal ventral arch (1) and proatlant ventral arch (2) are fused. Proatlant neural arches (3) lying anteriorly to the proatlant centrum and ventral arch are large and fused with very narrow exoccipitals (4) Although difficult to show photographically they are quite clear in the specimen itself.
- 22-25 Show posterior views of skulls (22, 24 and 25 inverted) with normally adapted forambula magna with two dorsolateral condyles (4) projecting in them. Note that in 22 and 23 these appear solidly fused as parts of the ex or supraoccipitals, whereas in 24 and 25 they are small and separated by distinct sutures indicating origins as independent osseous them centers. Note also in figure 23 independent centers 1 belted over 4 four which, in order are identifiable (1) as protruding normal though narrow exoccipital, (2) bipartite proatlant (dent) (3) two scale-like osseous them centers partially fused to the exoccipital (accessory exoccipital) and (4) the projections in the lumen or foramen magnum

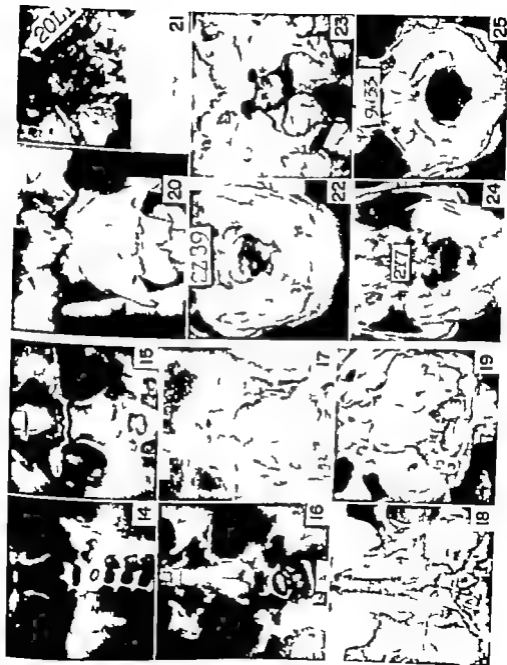


PLATE 3

EXPLANATION OF FIGURES

Asymmetries of accessory elements.

- 26 New born with ilas ventral arch displaced shows an asymmetrical proatlas ventral arch and basioccipital. Note extreme breadth of occipitals.
- 27 Shows proatlas ventral arch (1) which is single asymmetrically placed proatlas centrum (2). Not relationship to the asymmetrical basioccipital. The ilas ventral arch is displaced to right, age four days.
- 28 Asymmetry of ilas and proatlas ventral arches with relatively minor effect upon basioccipital. Age 23 days.
- 29 Shows slight asymmetry of all units, 8 23 days.
- 30 Shows newborn dachs with ventral arch removed and lateral spacing of normal element 1 split of ilas.
- 31 Dachs of 28 days with relatively liberal spacing in ilas region in split of well developed bipartite proatlas ventral arch with parts fused
- 32 Dry skull of 30-day dachs with proatlas ventral arch (1) fused to bipartite dens (2) and crowding both basioccipital and narrow exoccipitals.
- 33 Shows extreme crowding of bipartite proatlas (1) and proatlas ventral arch (2) and almost complete fusion to the basioccipital (3). The roughened surface of the condyles is also indicative of the ilas fusion.

relatively precocious proatlas centrum (1) and accompanying large proatlas neural arches (2) projecting medially and fused to exoccipitals.



One hundred and sixty bats were collected at intervals during the spring of 1959 by Dr J N Layne and prepared by the author. All animals came from the vicinity of Gainesville Florida.

In order to obtain material at regular intervals several bats were kept in captivity with varying degrees of success. The bats were placed in a small animal cage and kept in the author's office with no attempt made to regulate the temperature and humidity. They were fed on a daily diet of 15 to 20 meal worms per individual. Fresh water was made available in a petri dish at all times.

Complete serial sections of the entire female reproductive tract of pregnant specimens were prepared from the pre-ovulatory stage to mid-gestation. After mid-gestation the conceptuses were removed and partial serial sections were made of the uterus containing the placenta and fetal membranes. The ovaries were generally removed and fixed separately.

For the morphological and developmental study a chronological series of uteri fixed in Bouin's, Zenker's, Helly's and 10% formalin were embedded in paraffin and cut at 5 to 10  $\mu$ . These were stained with Harris' hematoxylin and eosin, Masson's trichrome, Mallory azan and *in toto* in HCl carmalum. Histochemical preparations were also used, where appropriate to elucidate the morphology of certain areas.

Alkaline phosphatase activity was examined in a chronological series of pregnant uteri fixed in cold acetone and cold formalin. Paraffin sections of 5  $\mu$  were stained according to the method of Gomori (41). Sections were incubated in a buffered substrate of sodium B-glycerophosphate at a pH of 9.6 for from 5 to 60 minutes. Control slides were incubated in the same solution for the same period of time but with the sodium B-glycerophosphate excluded.

Cold acetone-fixed sections were treated for acid phosphatase activity in a substrate of sodium B-glycerophosphate at a pH of 4.7 for 36 hours. Control slides first treated for 15 minutes in 0.01 M sodium fluoride to inhibit the enzyme, were incubated along with the test slides.

The presence of lipids was investigated throughout the gestation period by the use of material fixed in Formalin (Baker 46) and subsequently chromed. Frozen sections of 10 to 15  $\mu$  were prepared and subjected in tests to determine their lipid content. Neutral lipids were determined by the use of Cain's (47) Nile blue sulphate method. Control slides were extracted with acetone. The test (Baker 46) was used to phospholipids control slides being extracted with pyridine.

For the study of birefringent lipids tissues fixed and sectioned as above mounted in glycerin and examined the polarizing microscope.

Tissues fixed in 2% osmic acid and bedded in methacrylate (Palade 52) subsequently sectioned at 5  $\mu$ , mounted in glycerin and examined under the electron microscope.

Paraffin sections 8  $\mu$  thick, fixed in Zenker's Helly's, Bouin's or 10% formalin were treated by McManus' (46) periodic acid Schiff test to demonstrate their glycogen content. From all phases of gestation was Control slides were first treated with acetone for 30 minutes at 37 C.

Two tests were used to determine presence of iron. Perls method (53) for ferric iron was applied to 6  $\mu$  paraffin sections of material fixed in acetone, buffered formalin (pH 7) 10% formalin. The Turnbull blue for ferrous iron (Pearse 53) was applied to similarly prepared tissues.

For demonstration of the Golgi apparatus the DaFano-Cajal method (57) was employed. The material was sectioned at 2 to 5  $\mu$ .

Tissues fixed in Helly's, Zenker's 10% formalin and buffered formalin (pH 7) were sectioned at 8  $\mu$  and subjected to Schmorl's thionin and the toluidine blue methods (Pearse 53) to demonstrate metachromatic substances. Solutions of 0.25% and 5  $\times$  10<sup>-4</sup> M toluidine blue were used. The tissues were stained 30 seconds the latter hours. Examinations were made under

size and immediately upon mounting. Material for the demonstration of RNA was prepared in the same manner. The sections were then incubated in veronal buffer (pH 6.78) for three hours at 50 C. Control slides were incubated in a 10% solution of ribonuclease in veronal buffer for the same length of time. These were then stained together for 24 hours in a  $5 \times 10^{-4}$  M solution of toluidine blue.

Sections of Bouin's and formalin-fixed material were incubated for three hours at 37°C in a 10% solution of hyaluronidase in 0.85% saline. Control slides were incubated for the same length of time in 0.85% saline and were then stained simultaneously in  $5 \times 10^{-4}$  M toluidine blue.

The Feulgen reaction (Stowell, 45) was employed to demonstrate the presence of deoxyribonucleic acid using material fixed in Bouin's and Helly's fluids and sectioned at 8  $\mu$ .

To determine the gross circulatory pattern of the placenta, several dissections of the fetus and umbilical cord were performed under the dissecting microscope. For the microscopic study of the placental circulatory pattern, a variation of the milk-injection method (Carlson, 57) was found to be the most satisfactory. While working with the delicate fetal circulation, it was found that washing the blood out of the vessels with sodium sulphate previous to injection was unnecessary. It was also found that light cream (preferably homogenized) proved to be superior to milk as perfusing fluid when followed by the Sudan black B stain for lipid. Injection was most satisfactory when the abdomen of the fetus was opened and the left umbilical vein cut. The injection was then made into the right umbilical artery. After ligation of the umbilical cord, the fetus was removed and the entire uterus and placenta were fixed in the prescribed fixative. After gelatin embedding frozen sections were stained in Sudan black B.

#### OBSERVATIONS

Many early attempts were made to maintain bats in captivity without a substantial degree of success, probably due to the

substitution of unnatural foods. This led to such statements as that of Gates ('36):

The free-tailed bats, *Tadarida cynocephala* (LeConte) apparently do not thrive in captivity. They will eat nothing, drink little and resent handling, apparently never becoming tame enough to be handled without resentment.

Constantine ('32) and Krutzsch and Sulkin ('58) have presented programs for the maintenance of free-tailed bats in captivity. The author followed the program of Constantine more closely but without any attempt to maintain a constant temperature and humidity. It was also found to be unnecessary to keep the female bats in individual containers, as many as four being kept in the same cage at one time.

Observations made on a group of four bats which were separated from a shipment arriving at Ithaca on April 10 1959 and maintained in captivity for an extended period are perhaps of special interest. All four learned to feed in captivity with only one forced feeding of meal worms on the day of their arrival. The next day no feeding was attempted and the third day meal worms were put into a Syracuse dish and cut into several pieces to prevent their escape. These were then put on the floor of the cage, along with the water which had been kept in the cage constantly.

Two of these animals were sacrificed within two weeks, and the conceptuses were in perfect condition. One of the remaining bats aborted on May 12, 1959. The posterior portion of the fetus had been resorbed, whereas the head and thorax were still in relatively good condition. This bat was still in captivity during the month of July and was eating well. The fourth one carried her conceptus until June 20 1959 when she was sacrificed for tissues at term. At this time weights and measurements of the mother and fetus were recorded. Total weight of mother and fetus was 15.2 gm, weight of the mother 117 gm, weight of the fetus 2.7 gm, and weight of the placenta and fetal membranes plus fluid 0.8 gm. Crown-rump measurement of the fetus was 24.5



mm. The head of the fetus was toward the cervix of the mother. The fetus was in excellent condition and undoubtedly would have been born within a few days.

All observed parturitions of the *Tadarida* have been breech births (Sherman, '37) but this is probably not an invariable situation. In the present study records were kept of the orientation of the fetus during the last third of the gestation period. Out of 23 specimens observed, 19 had their cephalic end directed toward the head of the mother. Seventeen of these had the dorsal surface of the embryo against the ventral body wall of the mother; the remaining two were orientated with their ventral surface toward the maternal ventral body wall. Four fetuses had their heads toward the cervix and their dorsal aspect toward the ventral body wall of the mother. Owing to the extremely cramped condition in the uterus (the fetus weighing about one fourth as much as the mother) it is assumed that a reversal of this position before birth would be very unlikely. Therefore although the majority of births are breech births about one fetus out of every five may be delivered head first.

#### GROSS MORPHOLOGY

The uterus of *Tadarida brasiliensis* is of the bicornuate type. The corpus uteri opens via a single cervical papilla into the vagina. There is no externally visible constriction at the juncture of the vagina and uterus. The corpus uteri is relatively long, 2.5 mm, and gives rise to two bilaterally symmetrical cornua, each approximately 1 mm in length. The fallopian tubes enter at the apices of each cornu, slightly toward the median aspect via and oviducal papilla. The oviduct is irregularly coiled and about 4.5 mm long. At its distal end it opens onto the inner surface of the ovarian bursa into the periovarial space. An opening also exists between the periovarial space and peritoneal cavity. A number of fimbriae surround the opening. The right ovary is about 1 mm in diameter but the left is usually not more than 0.5 mm and may be considerably smaller.

Out of 35 specimens collected on February 21, 1959, about two weeks before normal copulation and ovulation (Sherman, '37) 31 showed a marked dilatation of

the right horn of the uterus. The ovaries were prepared and examined histologically but no ovulation had occurred.

It was noted that of the 126 pregnant uteri observed, all implantations occurred in the right horn, and, as revealed by histological examination, all ovulation and resulting corpora lutea occurred in the right ovary. No corpora lutea were observed in the smaller left ovary. These observations are in agreement with those of Sherman ('37) who found that out of 30 specimens examined all ovulations had occurred in the right ovary.

#### HISTOLOGY

##### *Progavid female reproductive tract*

Since these animals were collected only during the spring a brief discussion will follow of the histological structure of the reproductive tract prior to ovulation. A complete description of the entire cycle is impossible with the material available.

Shortly before ovulation, the stratified squamous epithelium of the vagina is extremely thick, 15 to 20 layers of cells, and on occasion even a greater thickness is observed. A high degree of cornification is present and many of these cells have sloughed off into the lumen of the vagina. A much reduced layer of stratified squamous epithelium, eight to ten cells thick lines the cervical papilla and continues into the corpus uteri (fig. 33). In the corpus uteri a further reduction of the stratified squamous epithelium is observed. Near the cervix it is eight to ten cells thick but it decreases throughout the length of the corpus and is from three to five cells thick at the fundic end where transition to endometrial tissue occurs (fig. 32). No glands are to be found in the cervix or proximal two-thirds of the corpus uteri. Endometrial tissue and uterine glands are limited to the bilateral cornua but in some individuals uterine glands may be found in the outer one-third of the corpus uteri. However when this does occur they are sparse and shallow. The bilateral cornua are richly endowed with relatively long, slightly convoluted tubular glands which may be branched and dilated at their fundic end and filled with a secretion. A simple cuboidal epithelium lines the uterine glands and is continuous with

the epithelial lining of the cornu which is also simple cuboidal in nature; no cilia are present. The dilatation of the right cornu prior to ovulation seems to be a result of a considerable hypertrophy of the endometrium, especially of the cells in the gland-bearing area; deeper in the region of the gland crypts the cells are not hypertrophied, and the stroma here is much denser. Interestingly the endometrium of the left horn is not hypertrophied and the cornu thus remains undilated. Many leucocytes are scattered throughout the endometrium, being most concentrated just beneath the epithelial lining of the uterus. It is difficult to distinguish precisely where the endometrium ends and the muscularis begins.

The epithelial lining of the papillary and intramural portions of the fallopian tube is low cuboidal and non-ciliated in nature. The major portion of the tube however is lined by a columnar epithelium which has ciliated and non-ciliated cells interspersed with one another. The infundibular portion and fimbriae are covered by a tall columnar epithelium with very prominent cilia on all of the cells.

In these pro gravid animals the right ovary contains many large vesicular follicles but the left contains very few. After ovulation, a corpus luteum is established which persists throughout gestation.

Immediately after ovulation when progesterone is presumably elaborated by the newly formed corpus luteum, the endometrial tissue rapidly increases in thickness until the entire endometrium and epithelium of the right cornu is involved. Concomitantly the diameter and length of the glands increase and they become tortuous (fig. 22). With the subsequent expansion of the blastodermic vesicle the endometrium becomes flattened and differentiation between the muscular and endometrial layers becomes more difficult.

#### *The yolk sac*

Cells delaminate from the inner cell mass and proliferate to form a complete lining of the trophoblastic vesicle creating a bilaminar omphalopleure. Mesoderm from the primitive streak area spreads laterally between the trophoblast and the newly established endoderm. The

cavity of the yolk sac is at first very large the omphalopleuric wall coming into contact with the endometrium on all sides except for a relatively small antimesometrial area devoted to the formation of the amnion (figs. 3 and 4). Once the yolk sac has reached a diameter of about 2.5 mm the allantois begins to develop (fig. 7). At this time the neural tube of the embryo has begun to close and a well developed foregut is present, but the hindgut has not yet begun to form. With continuing growth of the embryo and the lateral extension of the exocoelom the embryonic half of the yolk sac begins to infold into the abembryonic half and concurrently the originally squamous endodermal cells hypertrophy becoming cuboidal to columnar in appearance. This hypertrophy of the endoderm accompanies the spread of the mesoderm and vitelline vessels laterally. The previously smooth inner surface of the yolk sac is now irregular and continues to become progressively more so as invagination of the yolk-sac roof progresses. Simultaneously the expansion of the exocoelom causes the lateral walls to collapse. The inner surfaces eventually become approximated and the original cavity is obliterated. It is not until late in the gestation period however that they become intimately fused (figs. 5-14). The vitelline blood vessels eventually completely surround the yolk sac but the exocoelom does not, resulting in a permanent adherence of the yolk sac to the chorionic wall over a small area near the original abembryonic pole. The mesothelium on the outer surface of the free portions of the yolk sac also becomes hypertrophied although somewhat later than the endoderm, and numerous redundant villi or folds develop on this side of the membrane increasing the surface exposed to the exocoelom. This process begins about the early limb bud stage. The vitelline blood vessels lie between these two much interdigitated glandular appearing epithelia.

Numerous granules of variable size are very frequently observed within the cytoplasm of the mesothelial cells of the yolk sac after mid-gestation (fig. 15). They were not present in tissue examined at term. These granules presumably pro-

degenerative (figs 11 12) [These large multinucleated cells may be found at term, although they are relatively scarcer at this time.]

As the discoidal placenta becomes established and functional, further changes become evident in the area of the diffuse placenta. The first extravasation of blood mentioned above occurs about mid-gestation and subsequently the more superficial maternal blood vessels are also eroded until their blood is extravasated into the surrounding tissue. Thus the maternal blood vessels are progressively eliminated from the area, and at term the rich network of fetal capillaries has been displaced to the internal surface, although some vessels still penetrate more deeply. During the later third of gestation the remaining parietal tissue becomes permeated with lipid material (figs. 29 30)

The decidua basalis is not extensively infiltrated by trophoblastic tissue, and portions of the uterine glands may still be recognized in this area at mid-gestation. The endometrium here eventually plasmodesmally and at term the entire area is composed of large multinucleated cells some of which appear pyknotic.

Turning again to the area overlying the opening of the fallopian tube which is destined to become the discoidal placenta a large pad of admixed cellular and syncytial trophoblastic tissue is early observed (fig 5). Many mitotic figures are present within it. During the early limb bud stage the allantoic vessels migrate over the inner surface of the chorion and the placental pad may be observed to be partly covered by them. But within a short period the yolk sac is completely displaced and the allantoic vessels overgrow the entire surface of the future placenta. Concomitantly the maternal vessels of the endometrium infiltrate the trophoblastic zone. Shortly allantoic blood vessels begin to infiltrate the area and ramify in close relation to the maternal labyrinth. The placental barrier prior to mid-gestation (10-12 mm embryo) is thus composed of the fetal endothelium a thin layer of fetal connective tissue a well defined layer of trophoblast, the basement membrane of the maternal capillaries and the maternal

endothelium which is not always easily identifiable (fig. 16)

Shortly after mid-gestation, the maternal endothelial nuclei disappear and as placenta advances in age the membrane too becomes irregular and distinct. PAS preparations which re-stain the membranes clearly in the early placenta do not permit a clear cut identification of them in the placenta at term. gestation advances the fetal capillaries extensively invade the trophoblastic tissue and by term the trophoblastic element is relatively inconspicuous (fig. 17). In consequence the fetal capillaries a network around the maternal channels and in many cases only ultrathin membrane of indeterminate position can be distinguished between the fetal and maternal circulations (also Wimsatt '58)

#### *The umbilical cord and fetal circulation*

Five vessels are to be found in the definitive umbilical cord (figs. 1 and 2): vitelline artery which comes from the *salorta just cephalic to the renal* a vitelline vein which enters the vena cava just cephalic to the iliac veins, a right and a left umbilical artery and left umbilical vein. At term, two vessels are much larger than the others, the *umbilical vein and the right umbilical artery*. These two vessels are responsible for the entire blood supply to and from the discoidal placenta. The right umbilical artery vascularizes in a general way central portion of the placenta and small branches into the adjoining chorion. Some of these small enter the yolk sac where it lies over smooth chorion other small from the placental disc enter the periphery of the yolk sac where it adjoins disc. The left umbilical vein receives several large branches which arise from circumference of the placenta. It also receives smaller branches from the smooth chorion. The left umbilical artery is relatively small at term and sends only to the chorion outside the placental disc. The vitelline vein and artery comprise the main vascular supply of glandular yolk sac (fig 1). It was 1.

decided when the other vitelline vessels and the right umbilical vein disappear

### HISTOCHEMISTRY

#### *Alkaline phosphatase*

Alkaline phosphatase activity in the uterus, prior to implantation, is very prominent in the apical portion of the epithelial cells lining the uterine glands (fig. 2). Activity was also observed in the nuclei of these cells as well as in the sections found in the lumen of the glands. In specimens examined prior to ovulation, no activity was observed in the epithelial cells lining the lumen of the uterus, but as the time of ovulation approached the phosphatase activity became prominent in these cells also.

In a free uterine blastocyst the trophoblastic cells show a positive reaction. The outer trophoblast does not continue to react positively but the syncytial trophoblast derived from it gives an intense reaction from the time of its origin throughout gestation. A wide band of activity in the syncytial trophoblast is to be observed over the entire area of the diffuse labyrinthine placenta at any stage after the syncytial trophoblastic tissue has begun to develop (figs. 23-24). In the area of the decidua basalis, however, this activity is much reduced. A ring of activity outlines each maternal blood space in the decidua basalis, being concentrated in the layer closest to the maternal blood, probably the basement membrane of the maternal endothelium, which is inconspicuous or has disappeared (fig. 25).

A positive reaction is detected in the outer layer of the splanchnic mesoderm of the yolk sac, first noticeable at the very early limb bud stage when the mesodermal epithelium is squamous in nature (fig. 23). This activity remains after hypertrophy of the mesothelial cells and throughout the remainder of gestation. The endothelium of all blood vessels in the yolk sac gives a positive reaction from the early limb bud stage onward (fig. 26).

#### *Acid phosphatase*

Prior to ovulation, an acute acid phosphatase reaction was observed in the endometrial tissue adjoining the fundic portions of the uterine gland while a weak

reaction was obtained in the endometrial tissue near the lumen of the uterus (fig. 20). At term an intense positive reaction is observed in the deeper portion of the decidua parietalis close to the decidua basalis where the membranous chorion undercuts the discoidal placenta. This activity diminishes toward the antimesometrial area and is lost almost completely in the decidua basalis. Areas of acid and alkaline phosphatase activity do not coincide in this marginal region of the disc (figs. 21-24).

#### *Lipids*

Treatment with Sudan black B failed to reveal any lipid in the uterus up to the limb bud stage. Material was not available from the limb bud stage until well beyond mid-gestation (embryos of 15-18 mm). In these later stages large quantities of lipid occur throughout the entire trophoblastic tissue overlying the decidua parietalis (fig. 29). The droplets nearest the fetal side tend to be the largest while those toward the myometrium are very fine. Only a small amount of lipid occurring in fine droplets is observed in the decidua basalis. Sudanophilic lipid is also found in the trophoblastic cells surrounding the maternal blood spaces in the discoidal placenta.

The endodermal cells of the yolk sac after mid-gestation, contain large droplets of lipids stained by Sudan black B. Most of these droplets are near the basilar portion of the cells. A background wash appears in the hypertrophied mesothelium on the external surface of the yolk sac, but discrete droplets are absent.

In the yolk sac the large lipid droplets of the endoderm and lipid wash of the mesothelium stained by the Sudan black B method both stain red with Nile blue sulphate. Sudanophilic lipids of the decidua parietalis were also stained red with Nile blue sulphate (fig. 30). These droplets however contained an eccentrically located clear area, which was proportional in size to the size of the droplet. Large droplets contained more than one of these clear areas.

In the decidua parietalis where a strong Nile blue staining was obtained for neutral lipid a positive result was also

In his paper on unilateral progesterone reaction in the uterus of *Pteropus* suggests two possible mechanisms by which the reaction in the fruit bat may be explained. He found an isthmus of tissue joining the ovary to the uterine wall in which small blood vessels were observed he theorized that the progesterone secretion from the corpus luteum could be preferentially distributed to the distal end of the right horn, thus conditioning the implantation site. He also suggested that direct diffusion of progesterone might occur through this short isthmus of tissue.

No isthmus was observed in *Tadarida*; however a preferential blood flow carrying estrogen and progesterone to the right horn and causing the threshold to rise sufficiently to effect a reaction there and not in the left cornu, is still a possibility. It may be found that an explanation of this peculiar unilateral activity lies in the difference in the relative responsiveness of the endometrium of the two horns to estrogen and progesterone.

Morphogenesis of the yolk sac of *Tadarida* seems very closely related to that of certain members of the Vespertilionidae, e.g. *Myotis lucifugus lucifugus* (Wimsatt, '45 and '49) the Emballonuridae e.g. *Taphozous longimannus* and the Hipposideridae e.g. *Hipposideros bicolor pallidus* (Gopalakrishna, '58) and contrasts greatly with that of the Phyllostomidae (Hamlett, '35) and Desmodontidae (Wimsatt '34). Plates accompanying a paper by Sansom ('32) show that the early stages of the yolk sac of *Molossus rufus* and *Molossus obscurus* are also very close to those found in *Tadarida*. The differences in the morphogenesis of the yolk sac of the Molossidae, as compared with the Phyllostomidae and Desmodontidae seem to be directly related to the types of implantation observed in each. The fact that yolk sac morphogenesis in the Vespertilionidae and Emballonuridae parallels that of *Tadarida* is probably due to the fact that their mode of implantation is similar being partially superficial in the Vespertilionidae and Emballonuridae and completely superficial in the Molossidae. This condition allows the yolk sac to expand with the enlarging chorionic sac, which ultimately fills the entire uterine cavity. The yolk

sac in these families is vascularized very early in advance of the lateral spread of the exocoelom and an important physiological role is undoubtedly performed by the resulting relatively close approximation of the fetal and maternal blood vessels. This phase of the yolk sac is rapidly ended by lateral extension of the exocoelom and invasion of the allantoic splanchnic mesoderm which supplants the vitelline circulation. The yolk sac becomes detached from the trophoblastic tissue in all but one small area, where it remains attached until term. This attachment is close to the developing discoidal placenta and is mesometrial, or at the most abembryonic position of the yolk sac, where the advancing vitelline vessels nearly meet. As the allantoic vessels invade the area of the trophoblast previously occupied by the vitelline circulation, the yolk sac begins to collapse and the endoderm hypertrophies into a tall columnar epithelium. The mesothelium of the yolk sac facing the extra-embryonic cavity also hypertrophies. As the yolk sac continues to collapse, the two epithelia become very interdigitated and are separated only by a thin layer of connective tissue containing the vitelline vessels. This situation is paralleled in the Vespertilionidae (Wimsatt '45). The yolk stalk is obliterated before the limb bud stage.

Shortly before mid-gestation the hypertrophied mesothelial cells of the yolk sac begin to accumulate spherical bodies of proteinous material as previously observed in *Myotis lucifugus* by Wimsatt ('45, '48, '49) and in two other Vespertilionids by Branca ('23) and Gerard ('28). Great numbers of these acidophilic and PAS-positive globules were to be found in the yolk sac during the period following mid-gestation (fig. 15) but were not found at term. In *Tadarida* as in the Vespertilionidae these accumulations are first confined to the infolded segments of the mesothelium which are not directly exposed to the exocoelomic cavity but eventually appear also in mesothelial cells on the exposed surfaces. Contrary to the situation in *Myotis lucifugus* in which the inclusions are present at term (Wimsatt '45) they seem not to persist to term in the yolk sac of *Tadarida*.

Several attempts have been made to explain these and similar granules in the rodents (Wislocki, Deane and Dempsey '36) and in bats (Wimsatt, '49). It seems possible, in view of the disappearance of these granules in *Tadarida* during the late stages of gestation, that they may provide a source of energy. The granules appear during the height of vascularization while the embryo's requirements are relatively low. Thus, they may be a complicated energy store, which is built up and is later degraded and used by the embryo via the vitelline circulation.

In addition to the cellular inclusions many deposits of relatively acellular material, possibly fibrinoid, are loosely connected to the yolk sac, and possibly to the amnion. It is evident that the material in question arises at least in part in the mesenchymal tissues of the yolk-sac wall, but whether from plasma elements or degenerating connective tissue fibers or ground substances was not determined. The substance is PAS-positive and stains orange in Masson preparations. It persists to term and appears whitish in gross dissections.

The method of formation of the definitive amnion by actual folding is not common in many species of bats thus far described and is therefore of particular interest. Sanson ('32) describes amniogenesis in the Molossidæ as being by cavitation. His study however is of very early blastocysts. In his summary he states that the roof of the cavity which he observed eventually thins and disappears. His description could seem to relate to the formation of the early primitive amnion. The true amnion is not formed until much later and is not completed until the neural tube stage. The peculiarity of the prominence of the tail fold of the amnion in amniogenesis has not been described before and is possibly due to the extreme delay of the migration of mesoderm into the proamniotic region. The absence of this mesoderm may be a factor in preventing the head fold of the amnion from migrating in its usual manner. The cephalopleure of the proamnion rises slightly quite early but becomes arrested and remains relatively unchanged until the hind fold migrates far forward to effect

a junction. This method of amniogenesis contrasts sharply with that of other Chiroptera amniogenesis in Phyllostomatidae (Hamlett '35) and Desmodontidae (Wimsatt, '54) is wholly by cavitation; in Vespertilionidae the definitive amnion appears to be formed not by an actual folding process, but by an upgrowth of ectodermal elements from the margin of the embryonic disc (Duval, 1895 1896 1897; Gerard, '28 Wimsatt, '44).

Allantoic development does not contrast greatly with that found in the families mentioned above. It would seem however that the allantois of *Tadarida* appears somewhat earlier than presumed by Hamlett ('35) for Phyllostomatidae and that the cavity attains a greater diameter than that described for the other bats. The development begins before the formation of the hindgut, and the sac achieves its maximum size during the early limb bud stage but by the late limb bud stage the allantois generation and infiltration of connective tissue obliterates the entire cavity with stalk except for the extreme proximal part. Traces of the stalk may be limited to the umbilical cord until mid-gestation (10-12 mm).

Since implantation in *Tadarida* is superficial, no decidua capsularis is formed. The trophoblast expands and remains in contact with the uterine wall until the entire circumference. A marked progressive erosion of the maternal tissues. None of the trophoblasts have shown the degree of invagination in the Molossidæ. The degree of erosion of the maternal tissue by the cellular trophoblasts is not as marked as in the cytotrophoblasts of the placenta and of the uterus.

As some species of bats show changes in the fetal physiological circulation at birth, it is not clear whether the fetal circulation is established at birth or later. It is appropriate to note that the exchange over most of the chorionic surface as being accomplished by a chorionic-vitelline placenta. The vitelline cords which run deep to the chorion are not however split off by the vitelline

sels. The allantoic vessels supplant the vitelline circulation and allantoic capillaries and connective tissue penetrate the trabeculae of trophoblastic tissue, and in this manner establish a diffuse labyrinthine endothelio-chorial type placenta, the second major physiological exchange device with the maternal circulation. This placental relationship which covers the entire inner wall of the uterus has not been described before in Chiroptera (or any other mammal to my knowledge) and may be contrasted with the diffuse villous syndesmochorial type found in *Myotis lucifugus* as described by Wimsatt (45). It is destined to play a major role in the physiological exchange between mother and fetus throughout the remainder of gestation. These functions will be discussed further in relation to the histochemical findings.

When implantation is completed the embryonic disc is located antimesometrially while the pad<sup>2</sup> which is now distinguishable and which is destined to become the discoidal placenta is located sometrially overlying the entrance of fallopian tube. This to my knowledge is in distinct contrast to all other Chiroptera studied. In the Phyllostomidae Vespertilionidae and Desmodontidae implantation (and subsequently the discoidal placenta) is antimesometrial, and the embryonic disc is also oriented antimesometrially. In the suborder Megachiroptera represented by one family Pteropidae (Moghe, '51-'56) both implantation which is interstitial and orientation of the embryonic disc are mesometrial. Therefore the Molossidae represent the only Chiroptera presently known to have the definitive placenta and embryonic disc orientated at opposite poles of the blastodermic vesicle.

The mode of establishment of the discoidal placenta is of particular interest since it appears to differ in several respects from that reported in other Chiroptera. The initial erosion of the superficial endometrium is rapid if typical syncytial trophoblast was originally present here it has disappeared in the earliest formative stage of the discoidal placenta available in this study for the region is occupied by a dense pad<sup>2</sup> of trophoblastic elements

which seem to consist in the main of cytotrophoblast. The fundic portions of uterine glands and endometrium associated with them remain distinguishable beneath this pad until the limb bud stage. No extravasation of maternal blood is observed in the decidua basalis region such as occurs in the parietalis as described earlier. The glands of the parietalis likewise do not appear much earlier. In other families of bats erosion is apparently maximal in the area of the presumptive decidua basalis.

Wimsatt ('58) in his analysis of the placental barrier in Chiroptera presents a new concept of the relationships between the maternal and fetal circulations. His discussion is mainly concerned with the development and organization of the definitive barrier. It includes a brief discussion of the Molossidae. An interpretation of the early stages as found in the present study will now be presented with a brief comment on the definitive morphology. Three reasons for the belief that the syncytial trophoblast disappears early in the area of the discoidal placenta are: (1) no extravasation of the maternal blood is observed thus erosion which in the parietal areas is attributable to syncytial trophoblast is arrested prior to rupture of the endothelium (2) only one layer of epithelial cells is observed between the maternal blood space and the fetal connective tissue even at very early stages and (3) with the phase microscope (but not with the light microscope) a plasma membrane can often be detected around the cells in the early placental pad and frequently also in conjunction with the trophoblastic cells surrounding the maternal blood spaces in later stages.

The maternal endothelium and basement membrane on which it lies are readily apparent in the early stages as also observed by Wimsatt ('58). The eroded maternal vessels during the growth of the discoidal placenta subsequently increase their diameter many fold. This rapid expansion of surface area is probably a contributing factor in the progressive thinning of the endothelial cytoplasm and the apparent disappearance of the endothelial nuclei. By mid gestation and thereafter it is impossible to locate any maternal endothelial nuclei.

By mid-gestation also the fetal capillaries have begun to push into the trophoblast surrounding the maternal spaces and this process continues until eventually the fetal vessels comprise a dense and extensive network of capillaries embedded within the walls of the maternal blood spaces thus achieving an extremely close association with the maternal blood passages. The trophoblastic elements are indistinct at term, at which time only an occasional trophoblastic cell nucleus may be located in the wall surrounding the maternal blood space, where previously there had been a continuous layer of trophoblast. The placental barrier is now reduced at many points to an exceedingly thin membrane the definitive constituents of which are impossible to observe with the light microscope. However despite the heavy infiltration of the walls of the maternal channels by fetal capillaries it is difficult to imagine how the maternal blood could be contained without some continuous encompassing tissue. Therefore it will probably be found that either remnants of a highly attenuated maternal endothelium remain (which seems unlikely) or a no less attenuated trophoblastic membrane is involved.

The most striking histochemical features of the decidua parietalis area involve alkaline phosphatase lipids and iron. All three are maximally apparent in the area beneath the placental margin but are observed nevertheless elsewhere in the parietalis. Glycogen on the other hand is not found here in significant amounts in later stages but is present early within the cytotrophoblastic components of the chorion which overlie the parietalis at all stages.

Many papers have been presented linking the enzyme alkaline phosphatase with sites of glycogen deposition. Wislocki and Dempsey (45) found that an area of alkaline phosphatase activity invariably intervenes between the maternal blood spaces and the glycogen depositions in the placenta of the house cat rodent and man. Wimsatt (48) found this relationship also present in the placenta of *Myotis lucifugus*. In *T. darida* a similar situation prevails. The glycogen deposits observed during the embryonic stage are separated from the maternal capillaries by an area of intense

phosphatase activity. The blood spaces of the discoidal placenta are conspicuously ringed by alkaline phosphatase which intervenes between the glycogen deposits located in the trophoblast and the maternal blood spaces.

The hypothesis that lipid metabolism and alkaline phosphatase activity are related (Hard, 46; Wimsatt, 48) is supported by the observations of the present study. Neutral fats and phospholipids abound in the trophoblastic tissues overlying the decidua parietalis where phosphatase activity is so prominent. It should be pointed out, however that phosphatase activity is present before lipids are demonstrable by the technique applied. Neutral lipids, as revealed by Nile blue sulphate are also present in the mesothelium of the yolk sac; and as revealed by Sudan black B and Nile blue are present in the trophoblast in close approximation to the phosphatase activity of the parietal area.

It is evident that the embryo must acquire its iron supply from the mother but the means by which it achieves this end apparently differ from one species to another. In some mammals, iron is secreted by the uterine glands, in others erythrocytes are destroyed in the uterine lumen and in still others the main source of iron is by direct absorption from the maternal blood (Wislocki Deane and Dempsey 46 Wislocki and Dempsey 46abc Wislocki and Wimsatt 46 Flexner Vosburgh and Cowie 48 Wimsatt 49). Within the Chiroptera alone several methods of obtaining iron have been observed. A specialized placental hematoma may represent the principal source in the Emballonuridae (Wimsatt and Gopalakrishna '58). In *Myotis* it has been concluded that practically all the embryonic requirements are met by passage of iron from the maternal blood through the placental barrier into the allantoic cavity (Wimsatt '58).

In the case of *T. darida* the placental deposits are situated in the maternal blood spaces and are separated from the maternal capillaries by an area of intense phosphatase activity. The blood spaces of the discoidal placenta are conspicuously ringed by alkaline phosphatase which intervenes between the glycogen deposits located in the trophoblast and the maternal blood spaces.

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absorbed by the advancing trophoblast. The extravasated maternal blood of the decidua parietalis which was described earlier is quickly broken down and absorbed by the trophoblast. Since these deposits of iron are so conspicuous it seems only logical to interpret them as major supplies of fetal iron in *Tadarida*. This does not exclude the possibility of course that later requirements of the fetus may be met by more direct transmission of iron through the barrier of the discoidal placenta.

#### SUMMARY AND CONCLUSIONS

It was found that *Tadarida cynocephala* can be maintained in captivity during pregnancy with normal development of the fetus.

Gross and microscopic structure of the uterus fallopian tubes and ovary prior to ovulation are described. A unique situation is observed in that the cervix and corpus uteri are lined by a thin stratified squamous epithelium.

Implantation is central and superficial and the embryonic disc is oriented anti-mesometrially. The discoidal placenta is established mesometrially however a situation which has not been described before in Chiroptera in combination with an antimetrial orientation of the embryonic disc. The yolk sac is large at first but subsequently it collapses forming a glandular appearing body which retains a narrow attachment to the chorionic wall abembryonically.

An extensive chorio-vitelline placenta characterizes the early stages of development. The allantoic circulation displaces the vitelline circulation however and establishes an allantoic placental relationship over the entire uterine wall. This has been termed a diffuse labyrinthine endotheliochorial placenta. This relationship in the parietalis area presumably plays a far more important role in *Tadarida* than in other bats in which a comparable intimacy between fetal and maternal components has not been observed outside the main placental disc.

The fine structure of the discoidal placenta is labyrinthine presumably endotheliochorial in the earlier stages but becoming hemochorial during the latter half

of pregnancy. Peculiarities of its formation and structure in comparison with the discoidal placenta of other bats are emphasized.

The distribution of alkaline and acid phosphatases lipids glycogen and iron within the placenta and adnexa are described and their significance discussed.

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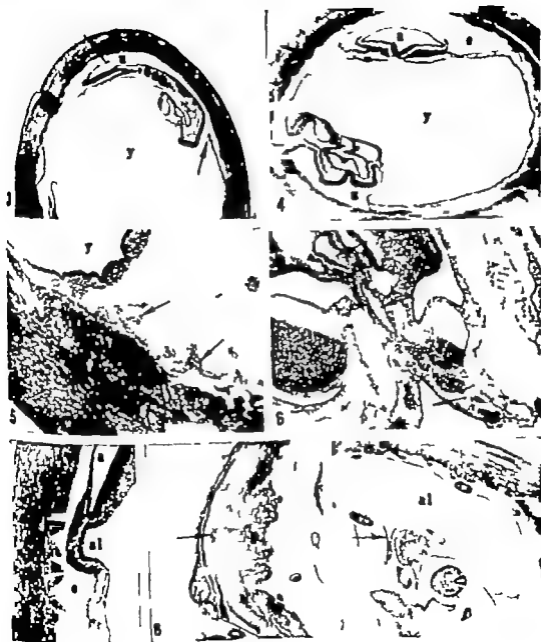
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## PLATE I

### EXPLANATION OF FIGURES

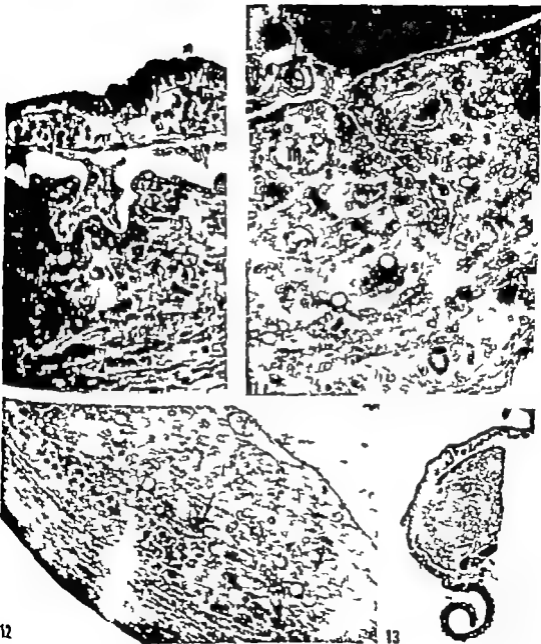
- 3 A cross section of the uterus. The arrow on the right indicates the much retarded head fold of the amnion. The arrow at the top shows the precocious development of the tail and lateral folds (hematoxylin and eosin)  $\times 45$ .
- 4 A specimen which has been cut so that a cross section of the anterior and posterior portions of the body is shown. The amnion ( ) completely covers the posterior portion of the embryo, while the anterior portion is exposed to the uterine cavity (u). The yolk sac cavity (y) and the extra-embryonic coelom ( ) are shown (hematoxylin and eosin)  $\times 45$ .
- 5 A view of the area of the "placental pad" (p) during the early limb bud stage showing the allantoic and vitelline circulation overlying the pad. The arrow indicates the allantoic vessels. Note the hyper trophy of the endoderm of the yolk sac (y) (eosin methylene blue)  $\times 62$ .
- 6 Cross section of the caudal portion of the embryo in the limb bud stage. The arrows indicate three portions of the allantoic stalk which is open to the allantoic cavity (hematoxylin and eosin)  $\times 83$ .
- 7 Early stage of the allantoic diverticulum (al) showing the initial evagination into the extraembryonic coelom ( ). The posterior portion of the amniotic cavity ( ) is shown (hematoxylin and eosin)  $\times 95$ .
- 8 A low power view showing the relationship of the "placental pad" (p) and the oviduct (arrow) during the limb bud stage (hematoxylin and eosin)  $\times 24$ .
- 9 A section at limb bud stage showing the allantoic cavity (al) at the height of its development. The arrow indicates the allantoic stalk which is still open at this stage (hematoxylin and eosin)  $\times 45$ .



## PLATE 2

### EXPLANATION OF FIGURES

- 10 A high power view of the trophoblast underlying the yolk sac at the limb bud stage. The cytotrophoblast (t) has separated from the syncytial trophoblast as a result of shrinkage when fixed. The syncytial trophoblast is infiltrating and eroding the endometrium. The vitelline blood vessels (v) are closely associated with the trophoblast (this stage (eosin methylene blue)  $\times 320$ )
- 11 A section of the uterine wall at mid-gestation showing the infiltration of allantoic blood vessels and connective tissue (rows) Syncytial trophoblast (s) surrounds the maternal blood vessel (m) The layer of large multinucleated cells (d) next to the myometrium at the bottom of the picture is decidua parietalis (Masson trichrome)  $\times 200$ .
- 12 A section through the uterine wall about mid-gestation. The necrotic zone (n) is formed from degenerating decidua which first plasmoлизes and forms multinucleated cells. The arrows indicate areas of extravasated maternal blood (Masson trichrome)  $\times 100$ .
- 13 A cross section of the discoidal placenta in term (eosin methylene blue)  $\times 7$



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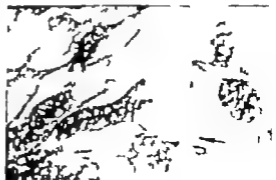
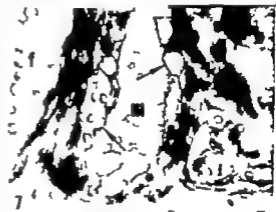
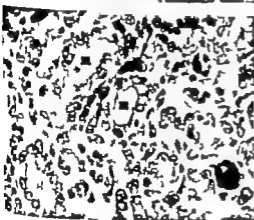
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### PLATE 3

#### EXPLANATION OF FIGURES

- 14 A low power view showing the relationship of the placenta (p) and the glandular yolk sac (y) during the later half of the gestation period. The decidua parietalis area is indicated by arrows (eosin methylene blue)  $\times 15$ .
- 15 The yolk sac at mid-gestation. The arrow indicates the proteinaceous granules in the mesodermal cells. The endodermal cells ( ) at the bottom do not contain these granules (Masson's trichrome)  $\times 485$ .
- 16 The discoidal placenta at mid-gestation, showing the maternal blood spaces (m) surrounded by a layer of trophoblastic cell. The arrows indicate the position of fetal capillaries (Masson trichrome).  $\times 335$ .
- 17 The discoidal placenta near term showing fetal blood vessel (f) and the extensive fetal capillaries surrounding the maternal blood space (m). Arrows indicate the placental barrier (Alvanus PAS and hematoxylin)  $\times 370$ .
- 18 A cross section of the uterus during early gestation showing glycogen in the cellular trophoblast which is closely associated with the Helms vessels (v). The arrow indicates glycogen in maternal blood vessel (McManus PAS)  $\times 90$ .
- 19 Glycogen deposits in the endodermal cells of the yolk sac near term. The arrow indicates the mesodermal cells which do not contain glycogen (McManus PAS)  $\times 240$ .





## PLATE 4

### EXPLANATION OF FIGURES

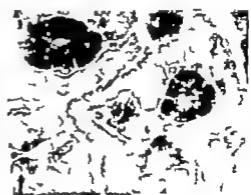
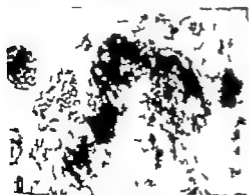
- 20 Acid phosphatase in the gravid uterus (counterstained with paracarmine)  $\times 82$ .
- 21 Acid phosphatase activity near term in area of the decidua parietalis where the membranous chorion undercuts the discoidal placenta (paracarmine counterstain)  $\times 95$ .
- 22 Alkaline phosphatase activity in the uterine gland (arrows) of the gravid uterus. This activity is also evident around blood vessels in the muscular wall of the uterus (paracarmine counterstain)  $\times 82$ .
- 23 Alkaline phosphatase activity in the area of the decidua parietalis, during the limb bud stage. The main reaction is observed in the maternal endometrium which has been infiltrated with trophoblast. The mesothelial cells (arrow) of the yolk sac are also positive (paracarmine counterstain)  $\times 45$ .
- 24 A section showing alkaline phosphatase activity in the discoidal placenta (p) yolk sac (y) and decidua parietalis near term. A ring of activity is seen around each of the maternal blood spaces in the discoidal placenta. Activity in the mesothelial cells of the yolk sac is prominent, however the same positive reaction in the parietalis is the most evident (paracarmine counterstain)  $\times 25$ .
- 25 Alkaline phosphatase activity (arrows) surrounding the maternal blood spaces (m) in the discoidal placenta near term (paracarmine counterstain)  $\times 245$ .



## PLATE 5

### EXPLANATION OF FIGURES

- 26 Alkaline phosphatase activity in the yolk sac, near term. The reaction is confined to the mesothelial cells and endothelium of the blood vessels (arrow) (paracarmine counterstain)  $\times 320$ .
- 27 Iron deposits in the endometrium of the uterus prior to ovulation. The clear areas (g) are cross sections of the uterine glands (turabell blue ferrous iron)  $\times 365$ .
- 28 The darkly stained material indicates iron deposit in the area of the decidua parietalis about mid-gestation. Note the number of allantoic blood vessels (arrows) (PAS and Per<sup>l</sup> ferric iron)  $\times 52$ .
- 29 Sudan black B preparation showing the total lipid content throughout the trophoblast of the decidua parietalis area, near term (neutral red counterstain)  $\times 52$ .
- 30 Neutral lipid droplets in the trophoblast of the decidua parietalis area near term (nilic blue sulphate)  $\times 365$ .
- 31 A section of yolk sac at term showing mesothelial cell without lipid (arrow) and endoderm containing lipid droplets (osmic acid)  $\times 320$ .
- 32 A section of the uterus before ovulation showing the cuboidal squamous epithelium lining the corpus uteri (arrow) and a portion of the uterine cavity ( ) (hematoxylin and eosin) 323
- 33 A section through the cervical papilla showing the thick stratified squamous epithelium lining the vagina ( ) as well as the cervical canal (c) (hematoxylin and eosin) 323.



## PLATE 8

### EXPLANATION OF FIGURES

- 26 Alkaline phosphatase activity in the yolk sac *near term*. The reaction is confined to the mesothelial cell and endothelium of the blood vessels (arrow) (paracarmine counterstain)  $\times 320$
- 27 Iron deposits in the endometrium of the uterus prior to ovulation. The clear areas (g) are cross sections of the uterine glands (turaboh blue ferrous iron)  $\times 365$ .
- 28 The darkly stained material indicates iron deposits in the area of the decidua parietalis about mid-gestation. Note the number of atlantic blood vessels (arrows) (PAS and Perls ferric iron)  $\times 82$ .
- 29 Sudan black B preparation showing the total lipid content throughout the trophoblast of the decidua parietalis area, *near term* (neutral red counterstain)  $\times 82$ .
- 30 Neutral lipid droplets in the trophoblast of the decidua parietalis area near term (nile blue sulphate)  $\times 365$ .
- 21 A section of yolk sac *1 term* showing mesothelial cells without lipid (arrow) and endoderm containing lipid droplets (osmic acid)  $\times 320$ .
- 32 A section of the uterus before ovulation showing the stratified squamous epithelium lining the corpus uteri (arrow) and portion of the uterine cavity (u) (hematoxylin and eosin)  $\times 325$ .
- 33 A section through the cervical papilla showing the thick stratified squamous epithelium lining the os ( $\square$ ) and the cervical canal ( $\square$ ) (hematoxylin and eosin) 85

# Ultrastructure of the Human Submaxillary Gland

## I. ARCHITECTURE AND HISTOLOGICAL RELATIONSHIPS OF THE SECRETORY CELLS<sup>1</sup>

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While mammalian salivary glands have been extensively studied by means of the light microscope (Zimmermann '27, Babbe, '50, Rauch, '59) they have received very scant attention from electron microscopists. The earliest electron microscopical observations were limited to a clarification of the morphological nature of the cytoplasm of serous cells (Bernhard *et al.*, '52, Gautier and Diomedes-Fress, '52, Palade and Porter '54). More recently the ultrastructure of both rat and mouse salivary glands has been described (Scott and Pease, '59, Leeson and Jacoby '59, Leeson and Booth '61, Rutberg, '61 and Parke, '61). The myoepithelial elements of the human submaxillary gland have been examined by Takahashi ('58) while Ferner and Ganaler ('61) have published a study of the human submaxillary and parotid glands.

The present paper is the first of a series describing the complete ultrastructure of the human submaxillary gland. It presents several features of acinar cell architecture not previously reported.

### MATERIALS AND METHODS

Specimens of submaxillary gland were obtained in the operating rooms of the Memorial Hospital for Cancer and Allied Diseases in New York City. Specimens were secured from 18 patients of both sexes ranging in age from 31 to 76 years undergoing surgery for the removal of primary tumors of the neck region or of cervical nodes containing metastatic deposits. All the submaxillary gland tissue obtained for this study had a normal light microscopical appearance.

Prior to operation, varying dosages of Demerol, Seconal, and an antidiabetic atropine or scopolamine, were administered to the patients. Anesthesia was usually induced with sodium pentothal, and was maintained by a mixture of nitrous oxide-oxygen and ether. A muscle relaxant, succinylcholine chloride, was administered as required.

Small slivers of tissue were excised with a minimum of handling, and with the blood supply to the gland still intact, and were immediately dropped into a pool of cold fixative. The tissue was finely minced with a razor blade and transferred to a vial containing fresh cold fixative. Not more than two minutes elapsed between the removal of the tissue sample from its blood supply and the completion of the mincing process. The fixatives employed were 1 or 2% osmium buffered with veronal-acetate (Palade '52) and containing sucrose (Caulfield, '57) 2% osmium buffered with phosphate (Millonig, '61) or chromate-dichromate (Dalton, '55) or unbuffered 3% potassium permanganate (Mollenhauer and Zebrun, '60). Most of the tissue was embedded in a 6:1 mixture of butyl and methyl methacrylate containing 2% Lupercol CDB but at later stages of the investigation, Epon 812 (Finck, '60) or a mixture of Epon 812 and Epon 815 (Kushida, '59) was used. The methacrylate was polymerized by ultraviolet light at room temperature. The epoxy resins

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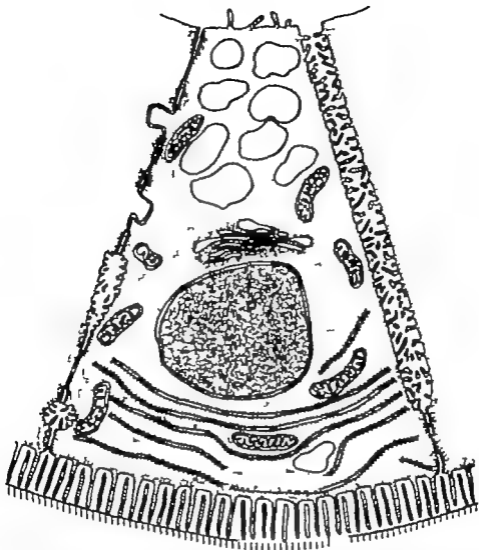


Fig. 3 Diagram summarizing the surface specializations of the secretory cells of the human submaxillary gland. The base of the cell is thrown into slender folds which later digitate with a series of foot processes emanating from adjacent cells. The foot processes are depicted as the discontinuous folds. The basal folds are resting on the basement membrane. The luminal surface is sparsely provided with microvilli. On the right is secretory capillary sectioned longitudinally containing many microvilli. It opens to the lumen, and extends close to the cell base. On the left are two secretory capillaries, one sectioned obliquely the other transversely. They are sealed off from the extracellular space by terminal bars. The lower capillary is shown in direct relation to the basal folds, being separated from them only by terminal bar. The various surface and internal components of the cell are not drawn to scale.

For preparations. Basal folds of one density and in continuity with a cell of the same density alternate with discontinuous folds of a different density (fig 6)

The increased density of some of the secretory cells may be artifactual arising from mechanical trauma sustained by the tissue prior to fixation (Scharrer '38)



were polymerized by heat (50 to 60 C). Silver-gray sections were cut with a Sorvall thin-sectioning microtome or with an LKB Ultratome and were stained with either uranyl acetate (Watson '58a) lead hydroxide (Watson, '58b Dalton and Ziegel, '60) or lead subacetate (Dalton and Ziegel '60). The sections were examined in a Siemens Elmiskop I electron microscope using the double condenser and a 50  $\mu$  aperture in the objective lens or in an RCA EMU 2B electron microscope. The accelerating potentials were 80 and 50 kv respectively. Micrographs were taken at magnifications from approximately 2 700 to 30 000 diameters.

For purposes of orientation 15  $\mu$  thick sections were stained with azure B bromide and examined in a phase-contrast microscope.

#### OBSERVATIONS

The secretory cells of the serous and mucous acini exhibit an unexpected degree of complexity both in their architecture and in their histological relationships. The most conspicuous specialization of the secretory cells is an elaboration of the basal surface. The basal membrane is thrown into a series of tall, narrow folds which extend from the cell base to the basement membrane (figs. 4 6 7 8). That these are folds and not microvilli as encountered in the intestinal striated border is shown by the complete lack of cross sectional profiles. If these folds were finger-like in structure the probability that they would all lie in the same plane of section is negligible. The folds are quite slender about 400 to 630A in width and would merit the appellation cytoplasmic lamellae if it were not for the fact that Rhodin ('58) has already used this term in another connection. The term "basal folds" will therefore be used to denote these structures.

The basal folds are taller at the periphery of the cell than in its center and may extend for some distance along the lateral surfaces. They cover the entire cell base. The basal folds may radiate from a central locus as do the spokes of a wheel, or they may be disposed in a parallel array. The former arrangement is more common. The folds do not end at the lateral margins of

the cell, but extend outward as a series of foot processes (figs. 1 2). Viewed from above the cell has the appearance of a multipointed star. The foot processes penetrate deeply into the recesses between the basal folds of adjoining cells.

In sections parallel to the basement membrane and passing through the basal folds the interdigitation of the foot processes is clearly discernible (fig. 5). Alternate longitudinally cut basal folds are continuous with the cytoplasm of the overlying secretory cell. The alternate discontinuous folds arise from a neighboring cell. This can be demonstrated by the presence of light and dark cells in the th-

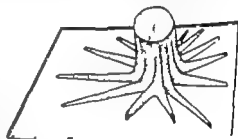


Fig. 1 Three dimensional representation of the secretory cell. The cell is viewed from above and is resting on the basement membrane. The basal folds extend outward in series of foot processes. Two foot processes are shown cut away to demonstrate their appearance in profile.

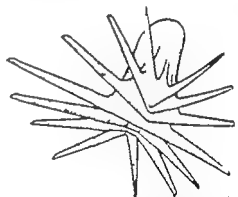


Fig. 2 The cell viewed from below with the basement membrane omitted for clarity. The basal folds are continuous across the entire cell base. Between the folds are grooves or furrows whose width slightly exceeds that of the foot processes. Foot processes from neighboring cells extend into these grooves. The basal folds and their processes are arranged in a radial fashion.

ect of a few infolded membranes (Parks '51), or a few microvilli (Rutberg '61). The basal surface of rat sublingual gland cells is unremarkable (Leeson and Booth '61). In their report on human submaxillary glands, Perner and Ganaler ('61) make no mention of specializations on the basal surfaces of the secretory cells.

A system of basal folds equal in complexity to that in human submaxillary gland is also found in the human sublingual gland, while less elaborate systems are present in human parotid and lacrimal glands (personal observations). Similar but less conspicuous basal specializations have been reported in the utricle of the guinea pig (Smith '56), the gastric parietal cells of the beaver stomach (Ito '61) and the Malpighian tubules of the leaf hopper, *Macrostelus* (Smith and Litau '60).

The basal folds of the secretory cells of the human submaxillary gland greatly increase the surface area of the secretory cell base. It is estimated that the basal folds, together with their extensions in the form of foot processes increase this area by a factor of 60. Interdigitation of the processes is the arrangement most economical of space. The relative ease with which adjacent folds are separated during polymerization of the methacrylate indicates that the foot processes are probably not involved in cell adhesion.

The cytoplasm of the basal folds is devoid of the usual cytoplasmic organelles. This observation is in contrast to the arrangement found in the striated ducts of the gland (Tandler '62) where there exists a consistent and intimate association between mitochondria and highly folded plasma membranes. The absence of mitochondria from the basal folds suggests that the transfer of material through the cell membrane is not dependent upon a large concentration of high energy compounds and that the transport is not an active one. The increased area of the basal surface enhances the movement of materials into and out of the cells by simple diffusion and may be of value in facilitated diffusion.

Secretory capillaries have been interpreted classically as being involved in the secretory process (Zimmermann '27)

Granules or other material of possible secretory origin are however very rarely encountered within the lumina of the secretory capillaries in the human submaxillary glands studied. This may be due to the treatment of the patients with antistalogogues prior to operation. Junqueira, Rothschild and Vugman ('58) have found that the primary effect exerted by atropine on exocrine cells is the inhibition of the discharge of secretory granules.

It is possible that water and dissolved materials gain access to the acinar lumen via the system of channels formed by the basal folds and the secretory capillaries. Rawlinson ('34) found that upon stimulation of the gland secretory material of a granular nature was "washed out from the secretory capillaries evidently by a diluting fluid. It should be pointed out that the secretory capillaries and the basal folds are separated into two compartments by continuous terminal bars. Miller ('61) has presented electron microscopical evidence that terminal bars act as permeability barriers in kidney tubules. If the same is true in the submaxillary gland, then the transfer of fluid from the spaces between the folds to the secretory capillaries must be through the secretory cells. The distance over which the fluid must be transported is greatly reduced, however. The interposition of selectively permeable plasma membranes probably enables the secretory cells to control the final composition of the fluid in the acinar lumen.

While the primary secretion of the acinar cells is thought to be isosmolar (Burgen and Seeman, '58) the final saliva is characteristically hyposmolar (Thayson, Thorn and Schwartz, '54). Burgen and Seeman ('58) have adduced evidence that the major reabsorption of ions takes place in the duct system of the gland. That the secretory capillaries are also involved, to some extent, in reabsorption of ions is suggested by the great number of microvilli encountered in their lumina, although microvilli have been found in association with several cell types known to be secretory (Florey '60; Hally '58). It is conceivable that an initial isosmolar secretion is liberated near the terminus of the secretory capillary and that progressive reabsorption of ions occurs as the secre-

Whatever the actual status of the cells of different densities, they constitute convenient morphological markers.

The extremely rare observation of a desmosome-like structure joining two basal folds (fig. 8) tends to support the thesis that adjacent folds arise from different cells.

In methacrylate sections (figs. 4-6) the adjacent folds are widely separated and the area between them is quite electron-lucent. In epon sections (figs. 7-8, 10) on the other hand adjacent folds are seen to be closely coherent, and the space between confronted plasma membranes is occupied by an amorphous substance of a density similar to that of the basement membrane.

The folds are delimited by a 75A thick plasma membrane which can be resolved into a unit membrane (fig. 10). Round tubular or flask-like invaginations of the plasma membrane are frequently encountered (fig. 6). The membrane surrounding the invaginations retains its characteristic triple-layering with no obvious change in dimensions. The content of the invaginations is of an electron density greater than that of the cytoplasmic matrix.

In sections cut parallel to the basement membrane and lying between the cell base and the nucleus basal folds are disposed in a corona around the lateral margins of the cell (fig. 9). The interdigitation of the folds with foot processes from adjacent cells is apparent. At a higher level adjacent cells are closely coherent along their lateral borders and the foot processes at this level rather short are tightly interlocked (fig. 10). Above the level of the nucleus the lateral surfaces of adjacent cells are closely approximated except where a secretory capillary is present. The cell membranes pursue a relatively straight course and exhibit many desmosomes. At their apical margins cells are tightly joined by terminal bars. The luminal surface of the secretory cells lacks specialized structures, except for a very few microvilli (fig. 11).

The secretory capillaries are continuations of the acinar lumen (fig. 11). Where several adjacent cells form a secretory capillary at their line of junction each cell provides a portion of the wall of the capil-

lary (fig. 13). Longitudinally oriented terminal bars morphologically similar to "tight intercellular junctions" in other tissues (Farquhar and Palade '61) insure the cohesion of the capillary walls, and close off the capillary from the space between adjacent cells.

The secretory capillaries may appear round or angular in cross section, and vary from 0.1 to 0.5  $\mu$  in diameter. They open to the acinar lumen and at their basal end receive several tributaries, some of which may be horizontally oriented. Unlike the apical cell membranes, which are almost devoid of specializations, the membranes of the secretory capillaries are provided with numerous finger-like projections (figs. 11, 12, 13). The microvilli protrude into the capillary lumen, where they are most often seen in profile. They may be so abundant that they appear to occlude the lumen. It is obvious, from their morphology that the secretory capillaries are permanent structures, and not merely transient clefts produced by the passage of fluids as Rubashkin ('68) has suggested.

In some instances a secretory capillary of fine caliber may lie extremely close to the cell base. The relationship between secretory capillaries and the basal folds is disclosed by the section passing obliquely through the cell base (fig. 13). The lumen of the capillary may lie extremely close to the extracellular space between the basal folds. This distance may be as small as 0.4  $\mu$ . One or two terminal bars are however interposed between the secretory capillary and the extracellular space.

#### DISCUSSION

Previous electron microscope studies on salivary glands of lower forms have given little intimation of the structural complexity of the secretory cell base of the human submaxillary gland. In rat submandibular glands, Scott and Peave ('59) have reported the presence of a few microvilli between the base of the secretory cells and the basement membrane. While the lateral surfaces of serous cells of mouse parotid gland display a considerable degree of interfoliation the basal surfaces are devoid of specialization, except for the pre-

ence of a few infolded membranes (Parks '51) or a few microvilli (Rutberg, '81). The basal surface of rat sublingual gland cells is unremarkable (Leeson and Booth, '51). In their report on human submaxillary glands, Ferner and Gansler ('81) make no mention of specializations on the basal surfaces of the secretory cells.

A system of basal folds equal in complexity to that in human submaxillary gland is also found in the human sublingual gland while less elaborate systems are present in human parotid and lacrimal glands (personal observations). Similar but less conspicuous basal specializations have been reported in the utricle of the guinea pig (Smith, '58) the gastric parietal cells of the beaver stomach (Ito '81) and the Malpighian tubules of the leaf hopper *Macrostelus* (Smith and Litau '60).

The basal folds of the secretory cells of the human submaxillary gland greatly increase the surface area of the secretory cell base. It is estimated that the basal folds together with their extensions in the form of foot processes increase this area by a factor of 60. Interdigitation of the processes is the arrangement most economical of space. The relative ease with which adjacent folds are separated during polymerization of the methacrylate indicates that the foot processes are probably not involved in cell adhesion.

The cytoplasm of the basal folds is devoid of the usual cytoplasmic organelles. This observation is in contrast to the arrangement found in the striated ducts of the gland (Tandler '82) where there exists a consistent and intimate association between mitochondria and highly folded plasma membranes. The absence of mitochondria from the basal folds suggests that the transfer of material through the cell membrane is not dependent upon a large concentration of high energy compounds and that the transport is not an active one. The increased area of the basal surface enhances the movement of materials into and out of the cells by simple diffusion and may be of value in facilitated diffusion.

Secretory capillaries have been later interpreted classically as being involved in the secretory process (Zimmermann '27)

Granules or other material of possible secretory origin are however very rarely encountered within the lumina of the secretory capillaries in the human submaxillary glands studied. This may be due to the treatment of the patients with anticholinergics prior to operation. Junqueira, Rothschild, and Vugman ('58) have found that the primary effect exerted by atropine on exocrine cells is the inhibition of the discharge of secretory granules.

It is possible that water and dissolved materials gain access to the acinar lumen via the system of channels formed by the basal folds and the secretory capillaries. Rawlinson ('34) found that upon stimulation of the gland secretory material of a granular nature was "washed out from the secretory capillaries, evidently by a diffusing fluid. It should be pointed out that the secretory capillaries and the basal folds are separated into two compartments by continuous terminal bars. Miller ('81) has presented electron microscopical evidence that terminal bars act as permeability barriers in kidney tubules. If the same is true in the submaxillary gland then the transfer of fluid from the spaces between the folds to the secretory capillaries must be through the secretory cells. The distance over which the fluid must be transported is greatly reduced, however. The interposition of selectively permeable plasma membranes probably enables the secretory cells to control the final composition of the fluid in the acinar lumen.

While the primary secretion of the acinar cells is thought to be isosmolar (Burgen and Seeman '58) the final saliva is characteristically hyposmolar (Thayson, Thorn and Schwartz, '54). Burgen and Seeman ('58) have adduced evidence that the major reabsorption of ions takes place in the duct system of the gland. That the secretory capillaries are also involved to some extent, in reabsorption of ions is suggested by the great number of microvilli encountered in their lumina, although microvilli have been found in association with several cell types known to be secretory (Florey '60; Hally '58). It is conceivable that an initial isosmolar secretion is liberated near the terminus of the secretory capillary and that progressive reabsorption of ions occurs as the secre-

tory products move through the capillary towards the acinar lumen

#### SUMMARY

The micromorphology of normal human submaxillary glands has been studied with the electron microscope. The bases of the secretory cells display complex specializations. The entire basal plasma membrane is thrown into numerous slender (400 to 650 Å wide) folds which extend beyond the lateral margins of the cell as a series of radiating foot processes. These basal folds are devoid of cytoplasmic organelles. Foot processes of adjacent cells interdigitate loosely. It has been calculated that the lacinate configuration of the cell base increases the basal surface area at least 60 fold. This increase facilitates diffusion of materials into the cell. Numerous tubular secretory capillaries formed by adjacent secretory cells open into the acinar lumen. These capillaries possess a great number of microvilli. Secretory capillaries of finer caliber are separated from the basal folds by only one or two terminal bars a distance as small as 0.4  $\mu$ . This arrangement may provide a pathway for and dissolved materials to gain access to the acinar lumen from the extracellular space. The morphology of the secretory capillaries suggests that they may participate in the reabsorption of some constituents of the primary secretion of the acinar cells. This activity may in part, contribute to the characteristic hypotonicity of the saliva.

#### ACKNOWLEDGMENTS

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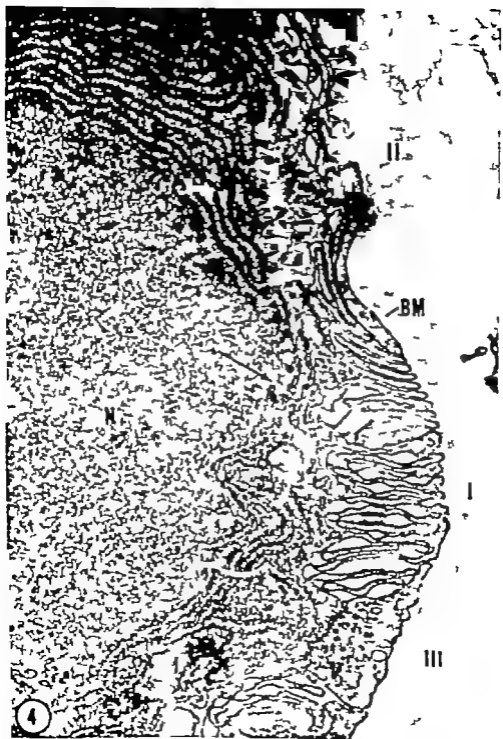
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## PLATE I

### EXPLANATION OF FIGURE

- 4 The base of serous cell. Basal folds, sectioned in several different planes extend from the cell body to the basement membrane (BM). At I, the basal folds are shown in profile. At II, they have been sectioned longitudinally. At III, fold has been sectioned longitudinally along its vertical axis. Note the lack of cytoplasmic organelles in the basal folds. A large nucleus, containing finely granular nucleoplasm, is at the left. Pores (arrow) are present in the nuclear envelope. The cytoplasm between the basal folds and the nucleus contains endoplasmic reticulum (ER). A filamentous mitochondrion (M) extends across the lower border of the micrograph. Methacryl is embedded.  $\times 37,000$ .





### PLATE 3

#### EXPLANATION OF FIGURES

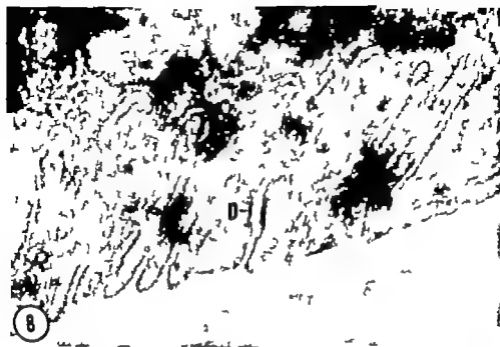
- 6 The base of serous cell in methacrylate section. A number of dense folds extend from the cell shown at the top of the micrograph to the basement membrane (BM). Alternating with these folds, are discontinuous lighter folds, which come from adjoining cell of lesser density. The wide separation of adjacent folds is characteristic of the methacrylate embedded material. Vesicles and several invaginations of the plasmalemma (arrows) filled with dense material, are present in some of the folds.  $\times 80,000$ .
- 7 This micrograph shows the basal folds in an epon section. In this embedding medium, the space between adjacent folds is constant in width and is filled by dense substance which is not preserved in methacrylate embedded tissues.  $\times 88,000$ .



## PLATE 4

### EXPLANATION OF FIGURES

- 8 This micrograph shows an only rarely encountered desmosome like structure (D) joining two basal folds. Epon embedded.  $\times 70,000$ .
- 9 A serous cell sectioned parallel to the basement membrane at a level closer to the cell apex than that of figure 4. The cell is surrounded by corona of basal folds, cut in various planes. Mitochondria and elements of the endoplasmic reticulum are present in the cytoplasm. The cell is circumscribed by basement membrane. Methacrylate embedded.  $\times 10,000$ .



## PLATE 5

### EXPLANATION OF FIGURE

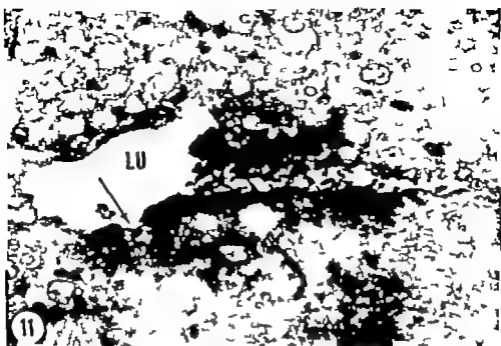
- 10 Interdigitating basal folds of two serous cells fixed with potassium permanganate. The plane of section passes obliquely through the cells, being closer to the cell base at the bottom of the micrograph than at the top. The plasmalemma of the basal folds is resolved into unit membrane. The permanganate fixation has failed to preserve the RNP granules, resulting in their absence from the membranes of the endoplasmic reticulum (ER). Epon embedded  $\times 74,000$ .



## PLATE 6

### EXPLANATION OF FIGURES

- 11 A longitudinally sectioned secretory capillary (SC) is seen in direct continuity with the lumen (LU) of serous sinus. The mouth of second capillary is indicated by the arrow. The secretory capillaries are abundantly provided with microvilli. These structures are almost completely absent from the luminal surfaces of the serous cells. Methacrylate embedded.  $\times 12,000$ .
- 12 A secretory capillary in high magnification. The microvilli are seen in longitudinal section and in profile. The unit membrane bounding these structures is resolved. Epon embedded.  $\times 87,000$ .





## PLATE 7

### EXPLANATION OF FIGURE

- 23 An oblique section passing through secretory capillary and through the basal folds. The secretory capillary (SC) which extends parallel to the basement membrane is seen in cross section. Numerous profiles of microvilli are present in its lumen. The cilia forming the capillary are joined by longitudinally oriented terminal bars (TB) here seen in profile. The secretory capillary is surrounded by feltwork of delicate fibrils and is separated from the basal folds (BF) by two terminal bars. Methacrylate embedded.  $\times 3,000$





# Abnormal Development Induced by the Maternal Administration of Phosphorus-32 after 14 or 17 Days of Gestation in the Rat

## I. SKELETAL DEFECTS<sup>1</sup>

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The increasing possibilities for exposure to radioactive material emphasizes the need for more critical knowledge of the effects of maternally administered radioactive materials on prenatal development. It is also of theoretical interest to be able to sufficiently delineate the effects of the continuous radiation from an internally deposited isotope to permit a comparison with the extant data on acute external irradiation.

Although the effects of external radiation on the growth and morphology of the rodent fetus have been well defined, information obtained from studies using radioisotopes as radiation sources is much more limited. Finkel (48) has reported that the *in utero* administration of radiostrontium or plutonium increased prenatal death in mice depressed growth and gave rise to various late effects. Burstone (51) has demonstrated that P 32 injection in pregnant rats altered the development of the teeth of the offspring. Warren and Dixon (49) have produced embryonic mortality and reduced hatching size by radiophosphorus administration in the chick although this treatment did not induce malformation.

The present report is part of a series of systematic quantitative studies on the effects of internal irradiation with phosphorus-32 throughout gestation and in the early life of the rat. As was indicated in earlier studies in this series (Sikov and Noonan '57-'58) P-32 administration during the first one-half of gestation produced effects which were qualitatively and quantitatively different than those found with

acute external irradiation. In continuation of these studies (Sikov and Lofstrom, '57) the dosimetry and lethal effects of maternally administered phosphorus-32 were studied after injection during the last trimester of gestation.

As was indicated in the review by Russell ('54) pathology of the central nervous system is the usual morphologic finding after external radiation at this latter time of gestation. Only rarely has extraneural damage been reported, except in the case of the thymus although neonatal and postnatal death and late pathology has been reported by several authors. Warkany and Schaffenberg (47) found that irradiation with high doses of acute x rays produced a substantial number of skeletal malformations when administered during the period between 10 and 16 days of gestation in the rat. Levy et al. ('53) using a dose of 300 r to the mouse fetus at fifteen and one-half days of gestation found a reduction in the size of certain bones although the shapes were not altered.

It was therefore felt to be of value to determine the incidence of morphologic abnormalities in the fetuses which had been treated with P 32 during the last portion of gestation in our previous experiments. The skeleton was of particular interest since a much greater radiation dose is received by this system after P 32 administration than is possible to deliver using x-radiation.

<sup>1</sup>These studies were performed under Contract no. AT(11-1)-412 with the U. S. Atomic Energy Commission. Supported in part by the Receiving Hospital Research Corporation.

## METHODS AND MATERIALS

Female rats of the Wistar albino strain weighing about 200 grams were caged with males of the same strain. The presence of sperm in the vaginal smear was considered as presumptive evidence of mating. Nine o'clock A.M. of the day following mating was denoted as day one of gestation. As described previously (Sikov and Lofstrom '57) the pregnant females were intraperitoneally injected with graded doses of high specific activity P-32 in saline after 14 or 17 days of gestation. Control animals were injected with a comparable solution containing stable phosphorus.

The animals were killed at intervals after injection by asphyxiation with natural gas. The rats were opened and the fetuses dissected free, weighed and examined under a low-powered stereoscopic microscope for gross malformations. The older fetuses and newborn rats obtained in this experiment were randomly distributed into several groups for more detailed study determination of radioactivity preparation of histologic slides and clearing and staining for study of skeletal development.

The latter fetuses were eviscerated and fixed in formalin. They were then stained with toluidine blue and alizarin red after maceration in potassium hydroxide according to the modification of the technique described by Guyer ('38). Several skeletal elements were measured including those structures reported upon by Levy et al ('53) and the resultant data analyzed in several ways. Usually between six and twelve preparations were studied in each age-dose group. Some of these measures are illustrated in figure 1. The skeletons were also examined for a variety of specific malformations and defects in ossification.

## OBSERVATIONS

It was found in these studies that there was a general reduction in the linear dimensions in the various skeletal elements of the more heavily irradiated fetuses. Some representative sets of measurements of the various structures are presented in table 1. This decrease in skeletal size is perhaps more dramatically illustrated in figure 3 in which representative skeletons at

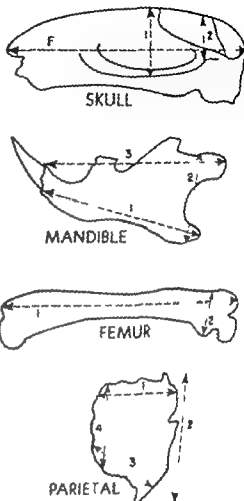


Fig 1 Illustration of some of the measurements used in this study

birth both control and those receiving various doses of P 32 at 14 and 17 days of gestation are presented after being photographed simultaneously.

As may be seen in table 1 the overall length of the skull was slightly reduced by the administration of two millicuries (mc) at 14 days of gestation but not by smaller doses of P 32. Not even the highest dose injected at 17 days had a substantial effect. On the other hand there was a fairly marked effect in both of the two measures of skull height used in this study. Injection of 2 mc at 14 days of gestation produced a marked decrease in skull height which could be noted as early as 19 days of gestation. One mc injected at this time produced only a slight and

TABLE I

Size in mm of representative skeletal elements after injection of the dam with P-33  
t 14 or 17 days of gestation

Total age of measurement	Control	14 Day Injection			17 Day Injection		
		08	10	20 mc.	06	10	20 mc.
Length of skull							
18	9.6(0.5)	—	—	—	—	—	10.3
19	11.7(0.2)	11.5	11.5(0.5)	10.3(0.3)	11.1(0.5)	11.9(0.3)	11.6(0.4)
20	13.6(0.6)	12.6(0.3)	12.3(0.3)	10.5(0.3)	12.9(0.3)	12.6(0.7)	12.6(0.5)
21	14.3(0.5)	13.0(0.3)	13.3(0.6)	11.0(0.6)	13.8(0.5)	13.4(0.6)	12.9(0.4)
Birth	14.3(0.6)	14.3(0.4)	13.7(0.6)	12.3(0.4)	13.7(0.4)	12.9(0.5)	13.2(1.2)
Height of skull (no. 9)							
18	4.4(0.3)	4.4	4.5(0.3)	4.4	—	4.7(0.4)	5.0(0.1)
19	5.2(0.3)	4.8(0.4)	5.0(0.2)	4.2(0.4)	5.0(0.4)	5.5(0.1)	5.2(0.3)
20	6.1(0.4)	5.2(0.7)	5.4(0.3)	4.4(0.3)	5.8(0.4)	5.8(0.3)	5.5(0.3)
21	5.7(0.3)	5.3(0.3)	5.3(0.3)	4.3(0.4)	5.5(0.3)	5.5(0.5)	5.0(0.3)
Birth	5.5(0.6)	5.4(0.3)	5.3(0.5)	4.4(0.3)	5.3(0.3)	5.3(0.2)	5.0(0.4)
Parietal-length (no. 1)							
18	2.8(0.4)	2.8	—	—	—	3.2	3.0(0.2)
19	4.1(0.3)	3.7(0.5)	4.1(0.2)	3.9(0.3)	3.6(0.8)	4.1(0.2)	4.0(0.4)
20	4.4(0.4)	4.3(0.2)	4.3(0.2)	3.7(0.2)	4.4(0.3)	4.7(0.3)	4.4(0.4)
21	4.8(0.5)	4.2(0.3)	4.4(0.3)	3.6(0.3)	4.5(0.3)	4.7(0.3)	4.1(0.3)
Birth	5.1(0.4)	4.7(0.4)	4.3(0.4)	4.0(0.3)	4.9(0.4)	5.0(0.2)	4.5(0.4)
Parietal width (no. 2)							
18	1.6(0.3)	1.2	1.7(0.2)	—	—	1.9(0.3)	1.9(0.4)
19	2.4(0.3)	2.3(0.2)	2.3(0.3)	2.1(0.2)	1.9(0.3)	2.3(0.2)	2.3(0.3)
20	3.2(0.2)	3.3(0.3)	3.1(0.3)	2.3(0.2)	3.1(0.3)	3.2(0.4)	2.9(0.3)
21	4.0(0.3)	3.6(0.3)	3.5(0.4)	2.5(0.3)	3.8(0.2)	3.8(0.3)	3.2(0.4)
Birth	4.2(0.4)	4.1(0.3)	3.7(0.4)	3.3(0.4)	3.9(0.2)	4.1(0.3)	3.7(0.7)
Mandibular length							
18	4.7(0.5)	4.3(0.3)	4.6(0.4)	3.5(0.6)	—	4.8(0.3)	4.7(0.3)
19	6.0(0.2)	5.7(0.2)	6.3(0.3)	5.4(0.3)	5.4(0.5)	6.2(0.2)	6.0(0.3)
20	7.3(0.5)	7.3(0.3)	7.0(0.2)	5.6(0.5)	7.4(0.2)	7.4(0.4)	7.2(0.3)
21	8.8(0.4)	8.3(0.3)	8.2(0.8)	6.4(0.5)	8.4(0.2)	8.3(0.4)	7.5(0.4)
Birth	8.9(0.4)	8.7(0.2)	8.4(0.5)	8.0(0.3)	8.7(0.3)	9.1(0.2)	8.5(1.3)
Mandibular height							
18	1.3(0.3)	1.3	1.3	1.3	—	1.1(0.1)	1.2
19	1.6(0.1)	1.6	1.8(0.2)	1.5(0.3)	1.4(0.2)	1.8(0.3)	1.5(0.1)
20	2.3(0.4)	2.4(0.2)	2.1(0.2)	1.6(0.3)	2.1(0.2)	2.1(0.2)	2.0(0.2)
21	2.3(0.2)	2.2(0.2)	2.5(0.2)	1.8(0.2)	2.6(0.2)	2.6(0.2)	2.0(0.2)
Birth	2.8(0.4)	2.9(0.2)	2.5(0.2)	2.1(0.2)	2.6(0.1)	2.8(0.1)	2.5(0.5)
Femur length							
18	2.7(0.2)	3.2(0.3)	3.4(0.2)	3.1(0.3)	—	3.6(0.3)	3.4(0.3)
19	4.4(0.2)	5.0(0.3)	4.5(0.2)	4.0(0.6)	4.9(0.3)	4.7(0.3)	4.5(0.3)
20	5.9(0.4)	5.5(0.4)	5.1(0.3)	4.8(0.2)	5.3(0.2)	5.4(0.2)	5.2(0.3)
21	6.1(0.4)	5.8(0.2)	5.9(0.3)	4.7(0.6)	6.0(0.3)	5.8(0.2)	5.2(0.2)
Birth	6.3(0.4)	6.3(0.4)	5.8(0.4)	5.0(0.4)	6.6(0.7)	6.1(0.4)	5.5(0.8)
Femur width (no. 2)							
18	0.8(0.3)	0.4	0.4	0.4	—	0.4	0.4
19	0.8(0.2)	0.8	0.8(0.3)	0.8(0.2)	0.7(0.2)	0.8(0.2)	0.7(0.1)
20	0.8(0.4)	0.8(0.3)	0.8(0.2)	0.8(0.3)	0.8(0.2)	0.8(0.3)	0.7(0.1)
21	1.2(0.1)	1.0(0.2)	1.1(0.2)	0.7(0.2)	1.1(0.1)	1.1(0.6)	0.8(0.2)
Birth	1.2(0.2)	1.2(0.2)	1.1(0.3)	0.9(0.3)	1.2(0.1)	1.2(0.2)	1.1(0.2)
Vert. l-4 column length							
18	21.4(0.4)	26.5(1.5)	29.4(0.1)	24.2(2.1)	—	26.9(1.2)	29.6(1.1)
19	23.6(0.9)	33.5(1.7)	36.4(2.2)	30.1(2.4)	29.9(2.5)	36.6(1.3)	34.9(1.3)
20	43.6(1.9)	40.9(0.9)	37.5(3.6)	31.8(1.8)	41.2(0.9)	41.0(1.4)	39.3(2.0)
21	47.8(3.0)	43.0(0.7)	43.5(2.2)	35.3(2.8)	45.7(1.4)	43.1(2.8)	42.4(2.0)
Birth	47.1(2.2)	48.2(2.2)	43.5(2.2)	40.0(2.2)	44.8(5.7)	46.7(3.4)	42.4(6.3)

Standard deviations presented in parentheses. S.D. values of less than 0.1 mm are deleted.

perhaps not significant, decrease in the height of the skull. Injection of 2.0 mc at 17 days of gestation produced a slight but definite decrease in the skull height at birth which for either measure could be detected at 21 days of gestation.

As illustrated in figure 1 four measurements of the parietal bone were obtained. The administration of 2.0 mc at 14 days of gestation again produced the largest effect. However the earliest that any decrease in size could be noted was at 20 days of gestation. Lesser effects were noted with 1.0 mc at this time and with 2.0 mc at 17 days of gestation. The reduction in size was marked for certain of these measures while the diminution in others was minimal. This led to a posterior narrowing of the skull in the present instance. Measurements of the mandible again similar to those of Levy et al. showed a symmetrical reduction in size. This decrease was notable as early as 19 days of gestation.

Both of the measures of the femur were decreased by the administration of 2.0 mc at 14 days. It is notable that the decrease

length was much more pronounced than the decrease in diameter. In fact only length was reduced by 1.0 mc. After the injection of 2.0 mc at 17 days a substantial decrease in length was evident at 21 days of gestation and at birth whereas only a slight transient decrease in thickness was noted.

The generalized decrease in the size of the animals is perhaps most evident in terms of the measure of the length of the vertebral column. With the injection of 2.0 mc of P 32 at 14 days of gestation a decrease in this measure is evident from 18 days of gestation onward. This shortening is only transient with lower doses. A decrease in size is evident in the skeletons measured at 21 days of gestation and at birth after the injection of 2.0 mc at 17 days. A decrease in the size of the tail, considered alone, was also noted but this is less marked and is evident only later.

Several qualitative abnormalities have been noted in these skeletons. The most prominent of these is a rib defect which consisted of a sharp phalangeal angulation at about the dorsal third of the pos-

terior several ribs with hyperostosis at the apex of the angle (see fig 4). This condition appears similar to that produced by Warkany and Schraffenberger when x ray doses between 250 and 1120 r were administered at about the same times of gestation. In the present experiment, this condition was almost universally present in the fetuses treated with 2 mc at 14 days of gestation. It was also found, but with lower incidence after 1 mc at this time as is shown in table 2. The angulation and hyperostosis was only found after treatment with 2 mc when injection is made at 17 days of gestation.

As is also indicated in table 2, a number of ossification defects were noted in the membrane bones. There was less marginal ossification in the parietal and intraparietal bones after treatment with 1.0 or 2.0 mc at 14 days of gestation than in the controls. This resulted in significantly greater unossified areas bordering upon the associated sutures (fig 5). It is also to be noted that there was a marked diminution of the density of the ossified areas in the more heavily treated animals as compared to the controls. As is indicated in this table there were a number of areas of increased porosity as well as other areas in which frank faults in ossification were noted especially in the mandible.

It was noted in several of the intact fetuses that a pronounced kyphosis or scoliosis was present. This did not show in the final preparations because of the flexibility which resulted from the desmin process. Similarly waringness and links of tails which were noted in the intact animals have been obliterated in the course of preparation.

#### DISCUSSION

The specific skeletal effects of rad. phosphorus injection in the present experiments have been found to be somewhat different than those which result from acute x radiation at the same times of gestation. As we shall indicate these differences may be expected for a number of reasons.

Levy et al. (53) using acute external radiation found a general reduction in the size of various skeletal elements although there was no change in the proportions or

TABLE 3

Abnormal growth patterns and ossification defects after maternal administration of P-32 at 14 or 17 days of gestation

Anomaly	14 Day injection		17 Day injection	
	1.0 mc	2.0 mc	1.0 mc	2.0 mc
Malangulation and hyperostosis	Noted at 21 days and birth in some — mild	Noted at 18 days et. seq. Uniform and severe incidence	Not seen	Noted in some mild-moderate
Decreased prominence of greater trochanter of femur	Noted in some at birth	Notable at 21 days and birth	Not noted	Noted in some at 21 days and birth
Cranial bones	Decreased extent of ossification in many. Occasionally increased porosity	Uniformly decreased ossification and increased porosity	Increase of unossified area — mostly limited to parietals	Decreased extent of ossified area in many. Decreased density and increased porosity
Ribs	Retardation of ossification	Retardation of ossification	Retardation of ossification	Retardation of ossification
Mandible	Occasional ossification faults	Ossification faults in most	None notable	None notable
Sternum	Slight retardation of ossification	Marked retardation of ossification	Slight (?) retardation of ossification	Moderate retardation of ossification
Misc.		Occasional uncharacterized defects of intervertebral discs		

in the rate of growth or relative growth. Similarly in the experiments of Warren and Dixon (49) P 32 in the chick embryo produced a generalized reduction in size without an alteration in the proportion of the birds. In the present experiments however P 32 administration, especially at 14 days of gestation, did alter the relative shape of specific bones as well as major skeletal elements. Thus, as was demonstrated above the effect of irradiation was to decrease the rate of linear increase in the femur although there was a much lesser effect on the increase in the diameter of this bone. Similarly the differential effect in the parietal bone and other structures led to skulls which were of approximately normal length although they were markedly lowered and narrowed. Unfortunately the narrow range over which measurements were obtained as well as the intrinsic variability made it impossible to construct allometric graphs with a high degree of accuracy. Despite this lack

of accuracy such plots have confirmed the observations obtained by inspection and by comparison of the measurements. However they are probably not suitable for a direct comparison with the results of Levy and his associates.

When our results are compared to those of Warkany and Schraffenberger a number of similarities as well as differences are seen. Certain of the malformation reported by these workers such as angulation and hyperostosis of the ribs and decrease of tail size were observed in the present experiments. Other malformations such as reduction in the length of the jaws and the production of cleft palate were not seen. It should be noted also that these workers found that the long bones of the body were in general quite normal after irradiation during this stage of gestation although in the present experiments there were alterations in these structures.

We may also note that in the present studies the porosity of certain of the mem-



branous bones as well as the normal ossification pattern was altered by the administration of P-32. Although it is difficult to infer directly from such observations the mechanism by which this occurs a few tentative postulates may be advanced. It is known that the deposition of phosphorus is not uniform throughout a structure and that there are areas of greater and lesser specific activity. The presence of definite ossification faults may possibly be related to areas of increased activity. A generalized decrease in the ossification of a structure on the other hand may well be related to a generalized radiation to that structure.

Not the least of the reasons for these differences is the markedly greater radiation doses received by the developing skeleton in the present experiments. As was demonstrated in a previous report (57) and shown in figure 2 the shape of the curves of accumulated radiation dose to the bone depends on whether injection is made at 14 or at 17 days of gestation. It is found that about 2,200 rep are received by the fetal skeleton by the time

birth when 2.0 mc are administered at 4 days of gestation. When the same

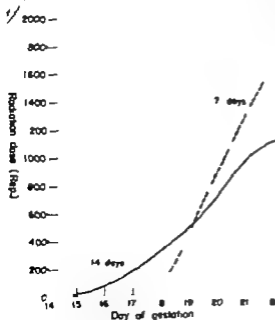


Fig. 2 Accumulated radiation doses to the skeleton after the injection of 1.0 mc of P-32 after 14 or 17 days of gestation.

amount of P 32 is injected at 17 days, greater than 3 000 rep are delivered to the skeleton by the time of birth. At this dose level however it is to be noted that about 400 rep have been received by the skeleton by 17 days of gestation when injection is made at 14 days. Since the specific effects are much greater after injection at the earlier time we must conclude that as little as 400 rep over the three-day period between 14 and 17 days is capable of producing substantial damage to the developing skeleton.

Additionally we must consider two other important factors: dose rate and radiation energy. As we have demonstrated recently (Sikov and Lofstrom '62) a decrease in dose-rate or an increase in radiation energy is capable of greatly reducing the amount of malformation produced by x radiation administered to the rat embryo. It is thus not remarkable that, despite the great magnitude of the radiation doses received by the skeleton the amount of damage is not even greater than was noted. When injection is made at 14 days of gestation the average dose-rate to the skeleton is approximately 0.18 rep per minute and after injection at 17 days it approximates 0.41 rep per minute. These dose-rates which are in the range studied in the above cited experiments, are quite low and would be expected to have a diminished teratogenic effect. Similarly the average beta energy from phosphorus-32 is substantially higher than the recoil electron energy in the experiments of Levy et al. where 210 kvp x rays were used, possibly giving an RBE of less than one. This difference would also be expected to tend towards producing a diminution of effect.

Levy et al. ('53) feel that their study and the literature indicate that skeletal differentiation in the mouse has been completed by 15 days of gestation. In the present experiments however injection of the rat at 14 days of gestation (which corresponds to about twelve and one-half days to 13 days in the mouse) and to a lesser extent at 17 days produces malformations as well as alterations in relative growth. On the basis of the present experiments as well as from the results of

Tracy and Schraffenberger It is necessary to conclude that either the process of ossification has not been completed at the time or that the skeleton is susceptible to the induction of malformations after the completion of differentiation.

## SUMMARY

Pregnant female albino rats were given sublethal doses of radiophosphorus after 14 and 17 days of gestation and sacrificed at intervals after injection through birth. Randomly selected fetuses from each litter were cleared and stained. These specimens were examined for specific defects and several skeletal components were measured. A dose-dependent decrease in the overall size of the fetuses and of specific skeletal elements was noted this was more pronounced after injection at 14 days than at 17. Some alterations in relative growth as well as malformations and defects of ossification were observed. These were more severe and frequent in those injected earlier in gestation. The effects noted here have been compared to those obtained with acute external irradiation and the differences considered in terms of the greater radiation doses received by the skeleton using P-32.

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3 Representative 21 day fetuses — injected t 14 days. Reading from left control, 0.6 mc 1.0 mc 2.0 mc Females top row males bottom row  
3b Representative 21 day fetuses — injected t 17 days. Reading from left control, 0.6 mc 1.0 mc 2.0 mc Females top row males bottom row  
Note decrease in size and lesser ossification with increasing dose

**CRANIAL DEFECTS AFTER P-32**  
 Helen E. Shaw and James E. Lofstrom



4 Control fetus at birth (at right) and representative fetuses which received 1.0 mc (center) and 2.0 mc (left) at 14 days of gestation. Note defect of ribs and decreased ossification, especially of the interparietals.

5 Control fetus at birth (above) and representative fetus which received 1.0 mc (below) at 14 days of gestation. Note increased porosity of cranial bones.

with a moderate increase in cornification. The squamous epithelium of the trigone was more dense than usual. The third case a 73-year-old woman received stilbestrol for two years which was stopped one year before death. Testosterone was then given for a year until two months prior to death. At this time stilbestrol therapy was resumed, 5 mg daily for the first month, and 20 mg daily thereafter. Examination disclosed the epithelium of the vagina to be well differentiated and diffusely cornified. There was no squamous epithelium seen in the trigone; but squamous epithelium of the vesical neck and proximal urethra was well differentiated and cornified, which is unusual in patients of this age not receiving hormones.

My observations suggest that the basic characteristics of stratified squamous epithelium at the vesical neck, proximal urethra, and distal urethra, when such epithelium is present at these sites, parallel those of the squamous epithelium of the vagina. This aspect of the study is though it does not include as many cases as the study of the trigone does include representative cases of pregnancy the cretory phase of the menstrual cycle and births and newborns where female sex hormones stimulus was high, as well as cases of other phases of the menstrual cycle and old age where such stimulus was low.

Cornification has been specially studied with the Shorr (41) stain. The cornified cells stain orange in contrast to the green of the other epithelial cells. Intraepithelial cornification can be seen in both trigone and vagina as reported by Cifuentes (47) and Dierks (37) (figs. 16-17). The cornification process actually appears to start in the cells just above the basal cells and two cornified layers may be seen at times with non-cornified cells between them. In one area three layers of cornification were observed in the vagina of one of the pregnant women (175 gm fetus) studied. In the trigone two layers of cornification are seen more rarely and the zone superficial to the cornified layer is relatively thinner. This is interpreted as being at least partly due to processes such as urine washing the surface and expansion and contraction, which would remove the superficial

cells more effectively than in the vagina. In postmenopausal women a distinct intraepithelial layer of cornification may be present at times but frequently the cornification in these cases is on the surface and is diffuse and patchy. In the newborn cornification of the vagina is very diffuse rather than forming a dense layer. The observations suggest that the cornification of the squamous epithelium of the vagina and trigone may be the result of estrogen stimulation which fluctuates with menses and is more constant late in pregnancy and in the postmenopause. Inasmuch as estrogens are thought to be capable of causing an increased cornification of vaginal cells (Shorr 40) this would seem to be the most likely explanation for variation in the site and degree of cornification. Whether the layer of cornification demarks the cells to be shed with menses as claimed by Dierks (37) is not certain; but it would seem that if the cornified layer were not largely shed two layers of cornification would be seen more frequently. In some cases it appears that the cornified layer and deeper cells in some areas are shed during menses. This observation is consistent with the findings, concerning epithelial cells in urine sediments correlated with the menstrual cycle to be reported in another communication.

#### DISCUSSION

##### *Origin of stratified squamous epithelium in the trigone*

There are at least three possibilities of origin of stratified squamous epithelium in the vesical trigone that should be considered. This squamous epithelium may result from metaplasia of preexisting transitional epithelium or develop from primitive cells capable of forming either transitional epithelium or squamous epithelium. It may represent embryonically displaced squamous epithelium; or it may be that the squamous epithelium of the urethra extends into the bladder displacing the transitional epithelium.

By metaplasia is usually meant that the cell forming normal transitional epithelium can under certain circumstances form stratified squamous epithelium. Factors considered to be possible causes of this change are vitamin A deficiency pro-

longed irritation chronic infection, radiation, and hormonal stimulation such as by estrogens at high levels (Mostofi, '54 Zuckerman, 40)

The normal appearance of the epithelium would seem to be evidence against the theory of metaplasia, as nothing in the appearance of the stratified squamous epithelium suggests a pathologic condition. Intercellular bridges may not always be easily demonstrated (Cifuentes '47; Ney Ehrlich, '55) but in some they are readily apparent. They were particularly prominent in one of the pregnant women studied. Cornification and glycogen deposition also appear normal, suggesting normal metabolism. Adjacent transitional epithelium also appears normal. As Cifuentes ('47) has stated, squamous epithelium may occur in the trigone without inflammation being present clinically or histologically. In none of the individuals having squamous epithelium in the trigone were there areas of similar epithelium present in other parts of the bladder or in the ureters or renal pelvis. If a systemic factor were functioning to cause a metaplasia of the transitional epithelium, one might expect to see some evidence of metaplasia in these other locations. One factor which might cause metaplasia would be excessive estrogen stimulus. In the newborn in which estrogen stimulation is high, the squamous epithelium of the vagina, urethra, periurethral glands and parts of the prostate are often very prominent. The fact that no squamous epithelium was observed in the trigones of five male and 16 female newborns in which maternal estrogen stimulation is high indicates that the frequent presence of squamous epithelium in this location in females in later life is not simply the result of estrogen stimulation of transitional epithelium.

In considering the possibility that the squamous epithelium is embryonically displaced tissue a review of the pertinent embryology seems in order. An attempt to evaluate the literature concerning the embryology of the lower urinary tract is difficult because of disagreements of experts. However certain of the concepts of Brockis ('52) and Wesson ('20) concerning the development of the trigone seem

applicable and logical. The Wolffian duct is absorbed into the wall of the developing bladder until the ureteral bud also joins the bladder. At this time the Wolffian ducts lie medial to the ureters. Then a relative cranio-lateral migration of the ureters, or possibly a caudal migration of the Wolffian ducts, takes place. The Wolffian ducts finally open into the male urethra at the lower end of the prostatic urethra and open distal or dorsal to the urethral meatus in the female embryo. This means that the trigone and urethra in the female are probably largely formed by either the Wolffian ducts or the ureters.

It has been noted by Brockis ('52) that the sites of ectopic ureteral orifices distal to the normal ureteral orifice can better be explained by a migration of the Wolffian ducts than by a migration of the ureters the ureter for the upper renal segment opening more distally. A consideration of histologic features also seems consistent with this theory.

Since the Wolffian ducts give rise not only to the ureters but also the epididymis, seminal vesicles (Moore '52) and possibly the prostate gland (Moullin, 1895) a structure formed by the Wolffian ducts themselves might be expected to have cells with various potentialities. Histologically the ureters and renal pelvis are lined by typical transitional epithelium. In the human, gland formation and squamous epithelium rarely if ever occur normally in these structures. On the other hand, the epithelium of most of the trigones and urethra has a different histologic appearance and apparently has various potentialities. It appears more dense more nuclear and less differentiated usually than the rest of the bladder and ureters. The epithelium of the urethra and lower trigone not rarely forms glandular structures. Johnson ('20) observes that the prostatic urethra in the embryo contains various types of cells. The embryonic origin of the glandular structures here is further supported by the finding of similar glands in the renal pelvis a Wolffian duct derivative under normal circumstances in certain animals (Johnson '37).

These observations suggest that the female urethra, prostatic urethra, and lower trigone in humans are more likely formed

from the Wolffian ducts than the ureters. This is consistent with Brockis's idea that the alteration in relationship of the Wolffian ducts and ureters during development is due to unequal absorption of the Wolffian ducts and active growth at their upper and outer lips rather than to a migration of the ureteral orifices (Brockis, '32). Considering the angle of entry of the ureter into the bladder and the development of an intravesical segment it may be that the ureteral orifices also migrate caudally but to a lesser degree than the Wolffian ducts.

As early as the eighth week of embryonic life the fused Mullerian ducts are in close proximity to the Wolffian ducts and appeared enveloped in the same tissue (Keith '33). The Mullerian ducts later open into the urethra, usually but not invariably distal to the openings of the Wolffian ducts (Lowsley '12). If the caudal migration of the Wolffian ducts is not complete at the time that the Mullerian ducts make contact with the urethra the stratified squamous epithelium in the urethra conceivably could come from the Mullerian ducts. The utriculus prostaticus or vagina masculinus, which is of Mullerian duct origin is lined by stratified squamous epithelium (Johnson '20). Comparison of the epithelium of this structure in the newborn, in which estrogen stimulus is high with that of the adult male is very suggestive of a profound estrogen influence similar to that in the vagina. Cifuentes ('47) notes Vilas's concept that the lining of the vagina is derived from the urogenital sinus and postulates that the islands of squamous epithelium in the trigone may come from embryonal residues of the mucosa of the urogenital sinus. Embryologists have also considered the possibility that urogenital sinus epithelium spreads onto the trigone (Hamilton Boyd and Mossman '45). Zuckerman ('40) postulates that the caudal ends of the Mullerian and Wolffian ducts are invaded by epithelium from the urogenital sinus and that the caudal part of the sinus is infiltrated by ectodermal cells from the cloacal region. These ectodermal cells could be expected to produce squamous epithelium. The possibility that Mullerian cells could become displaced in the Wolffian ducts might also be considered in view of the possible similar origin of

these structures (Hamilton, et al, '45). Also Wolffian ducts at times may connect with Mullerian ducts (Brockis, '52) so it does not seem unreasonable that on occasion Mullerian and Wolffian duct cells might become mixed. The presence of squamous cells of Mullerian, urogenital sinus, or cloacal origin in the Wolffian ducts could not only account for the squamous epithelium of the trigone and urethra but might also explain the presence of squamous epithelium in the vas deferens seminal vesicles, and epididymis of the mouse (Zuckerman '40) and the seminal vesicles of rats following estrogen stimulation (Korenchevsky '41) and also the presence of leukoplakia and squamous cell epithelioma in the renal pelvis since these structures all develop from the Wolffian ducts. It is, of course possible that the problem of these rare pathologic conditions in the renal pelvis is unrelated. As far as the prostate gland is concerned, either Mullerian duct, Wolffian duct, or urogenital sinus origin could account for squamous epithelium being found in its substance since the prostate gland arises from the urethra, which is probably formed from the Wolffian ducts and the urogenital sinus (Johnson '20) with possibly some contribution from the Mullerian ducts.

From the study of the newborn, it would appear that in at least most cases there is no squamous epithelium initially in the trigone. However occasionally it may be found in patches in the proximal urethra. Its appearance, particularly in some junctional areas, suggests that this epithelium can spread and displace other cells particularly when it is being influenced by hormones. These factors suggest that the most likely origin of this epithelium is from a combination of embryonic inclusions and their ability to spread. In most instances the stratified squamous epithelium of the trigone has probably resulted from spreading of these cells from the urethra and vesical neck. In some it seems reasonable to postulate that similar embryonic inclusions may occur higher in the trigone.

#### CONCLUSIONS

1 Stratified squamous epithelium is commonly found in the trigone and vesical neck of adult women.

2 In basic characteristics of atrophy or restoration this epithelium usually resembles the vaginal epithelium in a given individual.

3 The squamous epithelium in the trigone and vagina both atrophy similarly with age, and they apparently respond similarly to hormonal influences as evidenced by their similarity to each other during the menstrual cycle and pregnancy.

4 The squamous epithelium of the female urethra and vagina are usually similar to each other in degree of differentiation and cornification, or atrophy in stillbirths and newborns and during young adult life, old age, and in pregnancy.

5 It seems possible that the stratified squamous epithelium on the trigone could result from inclusions of embryonic squamous epithelium in the proximal urethra and perhaps at times in the trigone. This epithelium perhaps develops differentiation and spreads to surrounding areas, particularly under hormonal influence until it occupies the areas where it is commonly found.

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## PLATE I

### EXPLANATION OF FIGURES

All figures are from hematoxylin-eosin stained preparations, except figures 16, 17

- 3 A patch of squamous epithelium in the proximal urethra of newborn female. 180 X
- 3 Urethra-vaginal septum of a term female fetus with the urethra to the left. Note the thickened squamous epithelium of the distal urethra as well as the vagina presumably due to maternal hormone influences. An apparently separated patch of squamous epithelium in the proximal urethra (lower left hand corner) is enlarged in figure 4 8 X
- 4 A patch of squamous epithelium with transitional epithelium proximally and distally in the proximal urethra of term female fetus. 75 X
- 5 Immature squamous epithelium removed from the vesical neck of an eight-year-old girl during transurethral resection for vesical neck obstruction. 190 X



2



3



4

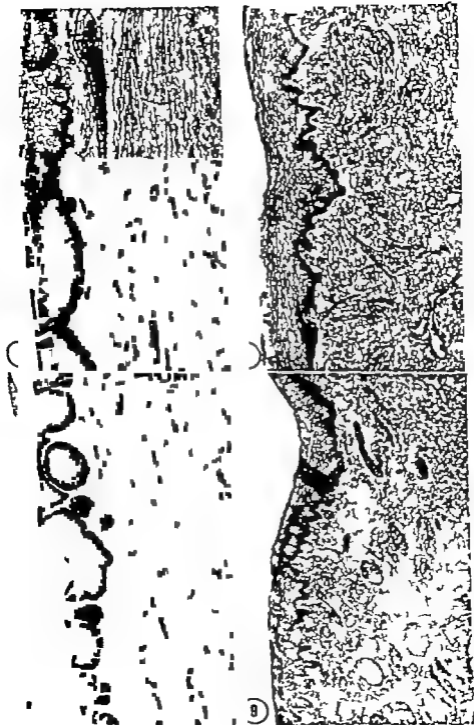


5

## PLATE 2

### EXPLANATION OF FIGURES

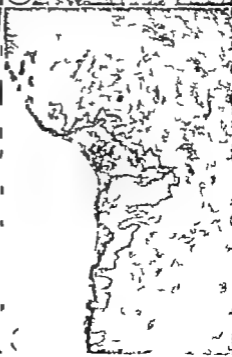
- 6 Stratified squamous epithelium in the vesical trigone of 41-year old woman in the early secretory phase of the menstrual cycle as determined from the endometrium. 40 X
- 7 Vagina of case in figur 6. 40 X
- 8 Stratified squamous epithelium in the vesical trigone of 31 year-old woman in the early menses phase of the menstrual cycle. 40 X
- 9 The vaginal epithelium of the same case as in figure 8 40 X

SEALOFF EPITHELIUM IN TRIGONE  
Hans E. Tyler

### PLATE 3

#### EXPLANATION OF FIGURES

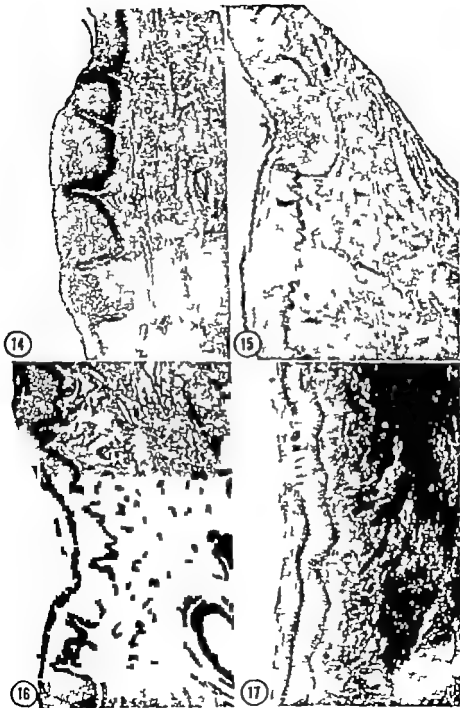
- 10 Stratified squamous epithelium in the vesical trigone of a 36-year old woman in the late menses and early proliferative phase of the menstrual cycle. 40 X
- 11 Vaginal epithelium of same case as in figure 10. 40 X
- 12 Stratified squamous epithelium in the trigone of a 44-year-old woman in the proliferative phase of the menstrual cycle. 40 X
- 13 Vaginal epithelium of same case as in figure 12. There is probably moderate change due to atolysis in much of this section. Where preserved it is basically similar to the trigone squamous epithelium. 40 X



## PLATE 4

### EXPLANATION OF FIGURES

- 14 The thickened and vesicular stratified squamous epithelium in the vesical trigone of 17-year-old woman pregnant with 175 gram fetus. 40 x
- 15 Vaginal epithelium from the same case as figure 14 40 x
- 16 Stratified squamous epithelium in the vesical trigone of 67 year-old woman which has distinct intraepithelial cornified layer. Shorr Stain. 40 x
- 17 Vaginal epithelium from the same case as figure 16 showing similar layer of intraepithelial cornification. Shorr Stain. 40 x

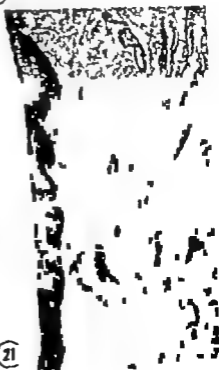




## PLATE 5

### EXPLANATION OF FIGURES

- 18 Atrophic stratified squamous epithelium in the vesical trigone of an 82-year-old woman. 40  $\times$
- 19 Atrophic vaginal epithelium from the same case as figure 18. 40  $\times$
- 20 Moderately atrophic stratified squamous epithelium in the vesical trigone of 58-year-old woman. 70  $\times$
- 21 Vaginal epithelium from the same case . . . figure 20. 70  $\times$

SCAMOUS EPITHELIUM IN TROCHON  
David E. Tyler



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